

Stroke & TIA Referral Form

Name
DOB

FASTest	Tick
Consider stroke/TIA if any are positive	
Facial weakness	
Arm weakness	
Speech problems	

History (including relevant past medical history, drugs and allergies):

Description of **focal neurological deficit** and other relevant examination findings:

Time of onset:
Date of onset:
Duration of symptoms:

Next of kin
Phone

Carer
Phone

DIAGNOSIS: STROKE	TIA (please ring)
↓	↓
Emergency transfer by 999 ambulance to East Surrey Hospital.	Give Aspirin 300mg stat. (unless contraindicated) Phone for Advice
Contact East Surrey Hospital (01737 768511) and ask for switchboard to bleep the Stroke Registrar bleep 602	

Next steps:

- Patients must not drive for at least 1 month, please arrange suitable transport to ensure urgent transfer to East Surrey Hospital – call 999 for acute stroke patients
- Please fill in the details below after speaking with the Stroke SpR and send this form with the patient along with their current medications
- Your patient will see: Dr _____ Bleep _____
- In the following location MAU / A&E (please delete after speaking with SpR)

Signed:	Time:	Date:
Name:	Designation:	Ref #