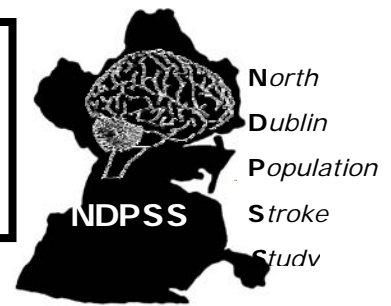


FAST CLINIC

Fast Assessment of Suspected TIA



Stroke Prevention Rapid Access Clinic (RAC),
 Neurovascular Clinical Science Unit,
 General Clinical Research Unit,
 Mater University Hospital,
 Nelson Street, Dublin 7.

PHONE:
087 9370044

- Connolly Hospital
- Beaumont Hospital
- Mater University Hospital

REFERRAL SOURCE (PLEASE PRINT) :

Doctor's name : _____

Doctor's address : _____

Doctor's phone number : _____

Doctor's fax : _____

PLEASE NOTE : REFERRALS WITHOUT DRS NAME/PHONE NOT ACCEPTED.

PATIENT DETAILS

Patient: _____

Address: _____

Contact Number (Patient): _____

D.O.B: _____

Hospital Record Number (If Available): _____

Date of referral: _____

NOT SUITABLE FOR REFERRAL i.e. LOW PROBABILITY TIA

THESE PATIENTS SHOULD BE REFERRED VIA USUAL NEUROLOGY, CARDIOLOGY OR MED. ELDERLY SERVICES

Vague weakness without definite loss of power	<input type="checkbox"/>	Vertigo alone	<input type="checkbox"/>
Confusion alone	<input type="checkbox"/>	Bilateral loss of vision alone	<input type="checkbox"/>
Blackouts/Faints alone	<input type="checkbox"/>	Abrupt memory loss	<input type="checkbox"/>
Double vision alone	<input type="checkbox"/>	Migraine symptoms (nausea/vomiting, visual scintillations, headache)	<input type="checkbox"/>

SYMPTOMS:

AGE _____

BLOOD PRESSURE _____ / _____

CLINICAL SYMPTOMS :

<u>SYMPTOMS (One Side):</u>		<u>SYMPTOMS (Both Sides):</u>	
Abrupt face/arm/leg weakness on one side?	<input type="checkbox"/>	Abrupt face/arm/leg weakness on both sides?	<input type="checkbox"/>
Abrupt face/arm/leg tingling/Sensory loss on one side?	<input type="checkbox"/>	Abrupt face/arm/leg tingling on both sides?	<input type="checkbox"/>
Abrupt slurred speech?	<input type="checkbox"/>	Abrupt vertigo with another symptom (weakness, sensory loss, diplopia or hemianopia) ?	<input type="checkbox"/>
Abrupt language disorder?	<input type="checkbox"/>	Abrupt diplopia with weakness/sensory loss/vertigo/diplopia?	<input type="checkbox"/>
Abrupt loss of vision in one eye?	<input type="checkbox"/>		

SYMPTOM DURATION : Greater than 24 hours Less than 24 hours

If less than 24 hours: Less than 10 minutes Between 10 & 59 minutes Between 1 & 24 hrs

DIABETES : YES NO

Risk Factor Profile: tick where applicable:

Current Smoker	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Carotid artery disease	<input type="checkbox"/>
Past Smoker	<input type="checkbox"/>	Atrial fibrillation	<input type="checkbox"/>	Coronary artery disease	<input type="checkbox"/>
Previous stroke/TIA	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hypercholesteremia	<input type="checkbox"/>

NO REFERRAL ACCEPTED WITHOUT PHONECALL TO TIA MOBILE FROM CONSULTANT, REGISTRAR OR GP.

Office Phone: 01-716 4573/4574/4576 Fax: 01-716 4557 TIA MOBILE: 087 9370044