TIA Clinic Referral
FAX 9076 2671

attach Bradma label or

Name

UR *dob*

Phone

Referring Hospital Alfred

or:.....

Referrer.....

Phone.....**FAX**.....

Page/Mobile.....

Clinical History:.....

.....

.....

ABCD² Score.....

A	Age ≥ 60		=	1
B	BP > 140 systolic ± diastolic ≥ 90		=	1
C	Clinical:	limb weakness	=	2
		Speech disturbance	=	1
D	Duration of TIA	≥ 60 mins	=	2
		10–59	=	1
		< 10	=	0
D	Diabetes		=	1

Required in all patients: (Please tick if done or ordered and FAX results if available)

	Done	Ordered	Date test
E&U Cr	☐	☐	
FBE	☐	☐	
ECG	☐	☐	
CT	☐	☐	.....
Doppler	☐	☐	.....

Optional tests you may have arranged or completed:

INR	☐	☐	
MRI and MRA inclusive	☐	☐	.....
Echocardiogram	☐	☐	.....
Holter monitor	☐	☐	.....