

NEUROVASCULAR CLINIC REFERRAL FORM March 2008
 Department of Neurology, University Hospital of North Staffordshire
PLEASE FAX the referral to 01782 555029 (Do NOT post)
 Contact Numbers: Secretary Jo Mycock 01782 554686
 Same day appointment enquiries Margaret 01782 554929

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|---------------|--|-------------------------------|------------------|
| Surname | | Name | |
| First Name | | Telephone No (next 24 hrs) | |
| Date of Birth | | Source | General Practice |
| Unit Number | | Date of Referral | |
| Address | | Address | |

Only patients who have had a TIA or minor stroke are suitable for this clinic.
Please score the patient using the Rothwell Risk Assessment.

Patients with a score of 4 or more will be offered an appointment within 24 hours and will have a rapid CT Brain Scan and Carotid Doppler Scan requested. Therefore we need a reliable contact number for such patients.

Description of event or consultation merge:
 Date of event:

| Rothwell ABCD 2 Scoring Lancet 2007Jan 27 369 9558 283-92 | Yes | No | NK |
|---|--|------------------------------|--------------------------|
| Age over 60 years old | <input type="checkbox"/> S=1 | <input type="checkbox"/> S=0 | <input type="checkbox"/> |
| Blood pressure at time of event >140mmHg systolic or >90mmHg diastolic | <input type="checkbox"/> S=1 | <input type="checkbox"/> S=0 | <input type="checkbox"/> |
| Clinical Features choose one from: Speech disturbance but no weakness Unilateral weakness None of the above | <input type="checkbox"/> S=1 <input type="checkbox"/> S=2 <input type="checkbox"/> S=0 | | |
| Duration choose one from: Symptom duration less than 10 minutes Symptom duration 10 – 59 minutes Symptom duration 1hr or longer | <input type="checkbox"/> S=0 <input type="checkbox"/> S=1 <input type="checkbox"/> S=2 | | |
| Diabetes | <input type="checkbox"/> S=1 | <input type="checkbox"/> S=0 | <input type="checkbox"/> |
| Rothwell Score is 0 1 2 3 4 5 6 7 (please circle appropriate score) | | | |

Medication and PMH

Please enclose any relevant investigations (**lipids, glucose, FBC, ESR, VDRL**)

Signed: