



Interior Health

TIA/Minor Stroke Rapid Assessment Clinic Referral

IMPORTANT: Incomplete or illegible forms will be returned. Exam will be delayed or cancelled.

Name		DOB	
Address		Phone(s)	
		Cell Phone	
		Family Physician	
PHN		Referring Physician and Location	
Date (dd/mm/yyyy) and Time of Symptom Onset			
Date (dd/mm/yyyy) and Time of Referral to Clinic			
Reason for Referral			

ABCD² Stroke Score for TIA Patients *(to be completed at the time of referral)*

Parameter		Points
A ge	<input type="checkbox"/> Equal to or greater than 60 years	1
	<input type="checkbox"/> Systolic BP equal to or greater than 140 mmHg and/ or <input type="checkbox"/> Diastolic BP equal to or greater than 90 mmHg	1
C linical Features	<input type="checkbox"/> Unilateral Weakness	2
	<input type="checkbox"/> Speech disturbance without weakness	1
	<input type="checkbox"/> Other Symptoms	0
D uration of Symptoms	<input type="checkbox"/> 60 minutes or more	2
	<input type="checkbox"/> 10-59 minutes	1
	<input type="checkbox"/> Less than 10 minutes	0
D iabetes	<input type="checkbox"/> Yes	1
	<input type="checkbox"/> No	0

Risk of Stroke within 2 days of TIA according to ABCD² is:

Score
 6-7 then risk is 8.1%
 4-5 then risk is 4.1%
 0-3 then risk is 1%

Total = ABCD² Score = / 7

(Rothwell, P. et al. Lancet 2007; 369:283-92)

Fax Number
Kelowna Clinic 250-862-4463

Physician Signature

INFORMATION FOR REFERRING PHYSICIANS

1. This is an out-patient unit. All patients must be appropriate for discharge home from the clinic. Patients must be independent and ambulatory.
2. Patients are not to drive themselves.
3. Do not send patients by ambulance.
4. Patients are responsible for their own meals and regular medications while being assessed.
5. Patients are to bring with them all their current medications
6. Patients will receive diagnostic imaging for their cerebrovascular symptoms and a Neurology consultation to identify:
 - a. Carotid Stenosis requiring Endarterectomy
 - b. Atrial Fibrillation or Cardioembolic Disease requiring Warfarin
 - c. Small Vessel Disease requiring medical management
 - d. Other Stroke Syndromes
 - e. Non-Stroke symptoms
7. **For any patient requiring immediate assessment please contact the Neurologist on-call.**