

## TIA Clinic

**To provide expert opinion in assessment or follow up of transient ischaemic attack or non-acute stroke.**

**Discharge low risk TIA patients from ED and follow them up within a week at the clinic.**

**Discharge and follow up selected patients from stroke unit.**

### Categories for Appointment

	Clinical description	Timeframe for Appointment
Category 1 - Urgent	<p>Category 1 criteria</p> <ul style="list-style-type: none"> <li>• All TIA's discharged from ED</li> <li>• All TIA mimics discharged from ED on TIA clinic pathway</li> <li>• Any TIA/TIA mimics discharged from medical or neurology unit before seen by the consultant neurologist</li> <li>• Selected TIA or minor stroke patients discharged from neurology clinic after seen by the neurologist to follow up investigations</li> <li>• Young stroke (under 60 years of age)</li> </ul> <p style="color: red;"><b>Must be discussed with the Neurology registrar by calling switch on 9784 7777</b></p>	Within 2 weeks
Category 2 - Routine	<p>Category 2 Criteria</p> <ul style="list-style-type: none"> <li>• 3 month follow up of any Stroke patients after receiving IV thrombolysis</li> <li>• <b>GP referrals ( non-acute TIA or stroke)</b></li> </ul>	Within 6-8 weeks
Emergency	Patients with urgent signs and symptoms TIA/ Stroke	Immediate via Emergency Department

### Eligibility Criteria

Any patients that meet the above criteria for appointment

### Exclusions

- Acute TIA/Stroke
- Not for patients under stroke detours programme, unless eligibility criteria is met

Alternative Referral Options
<ul style="list-style-type: none"> <li>• Neurological Rehabilitation Clinic</li> <li>• Private neurology</li> </ul>
Clinic Information
<ul style="list-style-type: none"> <li>• Friday 1300-1600</li> <li>• Frankston Integrated Health Centre Hastings Rd, Frankston</li> <li>• <b>Fax Referral 9784 2666</b></li> <li>• <b>Phone 9784 2600</b></li> </ul>
Minimum Referral Information Required (Please note, cannot be processed if minimum information is missing)
<ul style="list-style-type: none"> <li>• <b>Referral must be addressed to a named practitioner- Dr Jayantha Rupasinghe</b></li> <li>• Referring practitioner name, provider number and signature.</li> <li>• Date of referral</li> <li>• <i>Period for which referral is valid (if different to standard referral validity)</i></li> <li>• Patient's name, address, date of birth, Medicare number and phone number.</li> <li>• Clinical details and reason for referral.</li> <li>• Relevant medical history</li> <li>• Medications</li> <li>• Allergies</li> <li>• Results of all recent and relevant investigations</li> </ul>

