

RNSH/Westmead INR stroke service – fax referral pro forma

This form is to be completed for every potential referral either in or out of hours, and faxed to **02 8088 6509**. Then call **1800 SEVSNI** (1800 738 764) to speak to the INR clinician. Out of service hours, this data is still essential for planning, resourcing and growing this service, even if that particular patient cannot be offered IA treatment.

Date:		Time of referral:	
Patient name:		DOB:	
MRN:		Medicare Number:	
Patient location (hospital, ward etc):			
Referring doctor name and mobile number:		Neurology consultant:	
Symptoms:			
Time of onset: Last time seen normal.			
Pre-stroke function (mRS):		Current NIHSS and GCS:	
Co-morbidities (cancer, heart disease etc)			
IV TPA commenced at time: (or why TPA contra-indicated)			
Anticoagulation; (INR if applicable)			
Imaging findings: Where and when scan was performed:			