Suspected transient ischaemic attack: referral

Original independent practice. Assume that it is 09:15 on 5 November 2026. Mr Hyatt has been assessed this morning, and urgent specialist assessment is already arranged for 11:00 today. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a general practitioner. Using the information in the case notes, write a referral letter to Dr Aditi Chakraborty, Consultant Neurologist, Urgent Neurovascular Clinic, Neurology Department, 18 Station Road, B15 2TT, United Kingdom. Request assessment and investigation of Mr Mathew Hyatt's suspected transient ischaemic attack through the urgent pathway already agreed by telephone, communicating the symptom timeline, current findings and interim management. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Mathew Hyatt	☐	☐	☐
2. DOB: 12/03/1961 (65 yrs)	☐	☐	☐
3. GP assessment: 05/11/26, 08:40	☐	☐	☐
Social background			
4. Lives with wife; independent with daily activities; wife attended consultation	☐	☐	☐
5. Retired printer; enjoys crosswords	☐	☐	☐
6. Complained receptionist sounded unfriendly	☐	☐	☐
7. Wife discussed son's relationship breakdown	☐	☐	☐
Medical history			
8. Hypertension 6 yrs; regular amlodipine; reports taking medication consistently	☐	☐	☐
9. Ex-smoker; stopped 8 yrs ago; previously 15 cigarettes/day	☐	☐	☐
10. No previous stroke/TIA or known AF	☐	☐	☐
11. No migraine or seizure history	☐	☐	☐
12. Appendicectomy 1985	☐	☐	☐
13. Allergies: nil known	☐	☐	☐
14. No peptic ulcer/GI bleeding history	☐	☐	☐
15. No antiplatelet or anticoagulant before today	☐	☐	☐
Episode: 4 November 2026			
16. 20:10: sudden R-hand weakness + word-finding difficulty; dropped cup, could not name familiar objects; wife witnessed	☐	☐	☐

	I	C	O
Episode: 4 November 2026			
17. Both symptoms fully resolved 20:25; no recurrence	☐	☐	☐
18. No LOC, jerking, headache or visual disturbance	☐	☐	☐
19. Delayed seeking help: thought recovery meant harmless; did not contact emergency services overnight	☐	☐	☐
Assessment: 5 November 2026			
20. Today: speech and neurological examination normal	☐	☐	☐
21. BP 154/88 mmHg; pulse 76, regular	☐	☐	☐
22. Capillary glucose 5.8 mmol/L	☐	☐	☐
23. ECG: sinus rhythm	☐	☐	☐
24. No brain or carotid imaging yet	☐	☐	☐
Treatment and plan			
25. Clinic advised aspirin 300 mg orally; given 08:55 today	☐	☐	☐
26. No additional antithrombotic prescribed	☐	☐	☐
27. Working diagnosis: suspected TIA, not confirmed	☐	☐	☐
28. Dr Aditi Chakraborty accepted urgent assessment today, 11:00, Urgent Neurovascular Clinic, by telephone	☐	☐	☐
29. Wife accompanying directly to clinic; pt not driving	☐	☐	☐
30. Both advised: recurrent stroke symptoms → call 999 immediately, even if resolving	☐	☐	☐
31. Explained early stroke risk despite recovery; urgent review still necessary	☐	☐	☐
32. Request diagnostic assessment, appropriate investigations and secondary prevention advice	☐	☐	☐

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