**Inflammatory Arthritis Referral Form**

**All referrals to the service are received via the Electronic Referral Service (eRS) – “Rheumatology” and mark referral “Suspected Inflammatory Arthritis”**

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| **Please select the urgency of the referral** |
| Routine □ | Urgent □ |

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| **PATIENT NAME, ADDRESS AND TELEPHONE NO.** | **DATE OF BIRTH** | **NHS NO.** | **CURRENT DIAGNOSES** |
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| ***Any person with suspected, persistent synovitis of undetermined cause should be referred for a specialist opinion*** |

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| Refer the patient URGENTLY if symptoms for **more than 6 weeks and less than 6 months** AND any of the following (please tick):Swelling in 2 or more joints □ |
| Swelling in the small joints of the hands or feet □Positive MCPJ or MTPJ ‘squeeze test’ □Early morning stiffness >30 minutes □ |

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| Refer ROUTINELY if symptoms **more than 6 months** and any of the following (please tick):Swelling in 2 or more joints □ |
| Swelling in the small joints of the hands or feet □Positive MCPJ or MTPJ ‘squeeze test’ □Early morning stiffness >30 minutes □ |

*If patient had symptoms for >6 months, but still felt urgent, please discuss via Consultant Connect prior to referral.*

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| **Other features that raise suspicion of early inflammatory arthritis (please tick):**Constitutional symptoms □ |
| Presence of other features related to arthritis eg rash, painful red eyes or IBD □Family history of autoimmune disease □Family history of psoriasis □ |

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| **Please give details of the following aspects:**Duration of symptoms: |
| Pattern of joint involvement/spinal symptoms:Presence/duration of early morning stiffness:Psoriasis/FH of psoriasis/IBD/iritis/uveitis:Systemic symptoms eg weight loss, fever:Examination findings: |

*Please include past medical history and medication list*

*Suggested investigations prior to referral: ‘Early arthritis’ profile (includes FBC, CRP, CE, LFT, Ca, RhF, urate, Hep2ANA), TSH, creatinine, bone profile, PV/ESR*

*Do not delay referral if blood tests or xrays are normal.*

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| **REFERRING GP’s NAME** | **SURGERY DETAILS**  | **DATE OF REFERRAL** |
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| **GMC registration number** |  |