**Referral for Suspected Giant Cell Arteritis**

**If visual symptoms (*see italics*) call:** Oncall Opthalmologist on bleep 1625

**If no visual symptoms please email:** sft.hotjoints-gcareferrals.rheumatology@nhs.net

If strong suspicion of GCA, please start prednisolone as per ICID guidelines:

<http://www.icid.salisbury.nhs.uk/ClinicalManagement/Rheumatology/Pages/GiantCellArteritis.aspx>

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | NHS No.:  |  |
| Address:  |  | Date of Birth:  |  |
| Home Telephone:  |  |
| Work Telephone:  |  |
| Email:  |  | Mobile Telephone:  |  |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Date of Referral:  |  |
| Base:  |  | Practice Code/ID:  |  |
| Address:  |  | Telephone:  |  |

**Communication and Accessibilty needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes | [ ]  | No | [ ]  | Wheelchair access required?  | Yes | [ ]  | No | [ ]  |
|  |
| Language:  |  | Learning Disability:  |   |
| Hearing: |  | Other disability needing consideration:  |  |
| Vision: |  |

|  |  |  |  |  |  |
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| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

**Referral Criteria:**

|  |  |
| --- | --- |
| **Age** | [ ]  >50 years[ ]  <50 years - Please consider alternate diagnosis |
| **Blood Tests** | [ ]  ESR [ ]  CRP  |
| **Anticoagulant** | [ ]  Yes Name: |
| **Symptoms** | [ ]  Abrupt onset headache (usually unilateral in the temporal area) |
|  | [ ]  Scalp pain or difficulty in combing hair |
|  | [ ]  Jaw and tongue claudication |
|  | [ ]  ***Visual symptoms (amaurosis fugax, blurring and diplopia).*** |
|  | [ ]  Systemic symptoms of fever, weight loss, loss of appetite, |
|  | [ ]  Symptoms of polymyalgia rheumatica |
|  | [ ]  Limb claudication |
| **Examination** | [ ]  Abnormal superficial temporal artery: may be tender, thickened with reduced/absent pulsation |
|  | [ ]  Scalp tenderness |
|  | [ ]  ***Transient or permanent visual loss (partial or complete)***  |
|  | [ ]  ***Visual field defect*** |
|  | [ ]  ***Relative afferent papillary defect on swinging flashlight test*** |
|  | [ ]  ***Anterior ischaemic optic neuritis (Pale, swollen optic disc with haemorrhages)*** |
|  | [ ]  ***Central retinal artery occlusion*** |
|  | [ ]  Upper cranial nerve palsies. |
|  | [ ]  Features of large vessel GCA: asymmetry of pulses and BP and bruits (usually upper limb) |

**Reason for Referral:**

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**Medical Problems:**

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|  |

**Allergies:**

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|  |

**Medication:**

|  |  |
| --- | --- |
| Acutes:  |  |
| Repeats:  |  |