**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:**

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| **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: |  |