**Referral to Rapid Access Inflammatory Arthritis Clinic**

**Referral For:**  Rheumatoid Arthritis

Psoriatic Arthritis

Ankylosing Spondylitis

Other

**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 Accessibility needs:**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

**Reason for Referral:**

|  |
| --- |
|  |

**Blood Tests:** Please ensure following investigations have been done in last month before referral

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FBC** |  |  | | | |
| **UE** |  |  | | | |
| **LFT** |  |  | | | |
| **CRP** |  |  | **ESR** |  |  |
| **Rh F** |  |  | **CCP** |  |  |
| **ANA** |  |  | **Urate** |  |  |
| **HLA** |  |  | **Other** |  |  |

**Investigations:** (recordings in last 6months)

* If RA is suspected, then most useful information is gained from xrays of the hands and feet
* If spondyloarthropathy, then xrays of sacro-iliac joints and lumbar spine would be most appropriate.

**Medical Problems:**

|  |
| --- |
|  |

**Allergies:**

|  |
| --- |
|  |

**Medication:**

|  |  |
| --- | --- |
|  |  |
|  |  |

Yours sincerely,

Sent electronically, no signature required

**Email to:** [shc-tr.salisbury-rapidreferralcentre@nhs.net](mailto:shc-tr.salisbury-rapidreferralcentre@nhs.net)

**For Office use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date referral received: | Appointment date | Ext date |  |
| Confirmed diagnosis |  | Plan |  |

**For the Patient**

You are being referred to the Rheumatology department.

Your GP suspects you may have a form of arthritis.

S/he may have done some investigations.

S/he may have prescribed some medications to help with the pain associated with arthritis. These medications may be effective in helping the pain however you may also need a different type of medication to help treat your joint pain in the future.

**What can you expect from your appointment**

Your first appointment time usually lasts about 30 minutes. Prior to this you will be seen by a clinic nurse for an initial assessment. It is useful if you can bring a specimen of urine with you or be prepared to provide a specimen of urine upon your arrival.

During your consultation you will be given the opportunity to tell your story. The doctor will also examine you and may look at your joints with the use of an ultrasound machine.

You may have to have more blood tests and an x-ray that day.

A specific diagnosis may not be made upon your first visit, however we will often still be able to treat your symptoms. Once a diagnosis has been made you will be given more information and the opportunity to ask further questions

Treatment has changed for all forms of inflammatory arthritis. Modern treatment has two goals: firstly to treat all your symptoms very rapidly and secondly to maintain this symptom free state in the long term. You will most likely be started on definitive treatment at your first consultation.