

Rheumatology Referral for Patient with Suspected Inflammatory Arthritis

Referral for Specialist Treatment

Refer for specialist opinion any person with suspected persistent synovitis of undetermined cause.
Refer urgently if any of the following apply:

- The small joints of the hands or feet are affected
- More than one joint is affected.
- There has been a delay of 3 months or longer between onset of symptoms and seeking medical advice

Name:

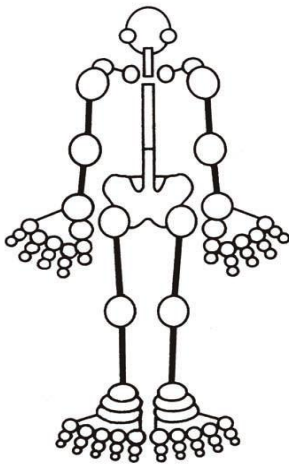
Address:

DOB:

NHS Number:

GP Details:

1. Duration of symptoms:
2. Please indicate on diagram which joints are tender only; and which appear swollen (+/- tenderness)



Suspected Diagnosis:

Rheumatoid Arthritis
Psoriatic Arthritis
Reactive Arthritis
Gout/Crystal Arthritis
Unknown
Other

3. ESR..... CRP..... Date:

4. If rheumatoid arthritis suspected:
RF..... Anti-CCP..... Date:

5. Significant medical history.

6. Current Medication:

Date:

Signed:

PLEASE COMPLETE FULLY

