**Early inflammatory arthritis clinic**

Please complete the following in full, save and attach to e-referral. Incomplete forms will be returned to the GP.

|  |  |
| --- | --- |
| Patient Name: | GP Name: |
| NHS Number: | GP Practice: |
| Date of Birth: | GP Practice Telephone No.: |
| Patient Telephone Number: | GP Practice Email: |
| Date of referral: |  |

**Referral criteria:**

Must have suspected persistent joint inflammation for at least 4 weeks (and for less than 6 months) AND 2 of the following:

1. Swelling of 3 or more joints
2. Swelling of the small joints of the hands and/or the feet
3. Positive MCPJ or MTPJ squeeze test
4. Persistently raised CRP (greater than 10)

**Investigations to be requested by GP prior to/at time of referral (please complete with X):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Normal | Abnormal (can give details) | Pending |
| FBC, U&E, LFTS |  |  |  |
| Inflammatory markers |  |  |  |
| Rheumatoid factor (RF) |  |  |  |
| Anti CCP  |  |  |  |
| TFTs and bone profile if not done in the last 12 months |  |  |  |
| Xrays- hands and feet |  |  |  |
| Other relevant\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

 Please document relevant history below and anything else you feel is of note:

Attachments: Letter Medication list Other