**Inflammatory Back Pain Referral Form**

*Please provide a summary of the key clinical information below:*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes (1 point)** | **No (0 points)** |
| 1 | Back pain (+/- stiffness) starting before age 35 |  |  |
| 2 | Waking in 2nd half of night due to back pain +/- stiffness |  |  |
| 3 | Alternating buttock pain +/- stiffness |  |  |
| 4 | Pain /stiffness improves with movement (not rest) |  |  |
| 5 | Improved with NSAIDs within 48 hours |  |  |
|  | **TOTAL SCORE** |  |  |
|  | **Additional Information required: does the patient have/had?** |  |  |
| a. | 1st degree relative with SpA? |  |  |
| b.  | current/past inflammatory arthritis? |  |  |
| c. | difficult to treat enthesitis? eg Achilles tendinitis? Plantar fasciitis? |  |  |
| d. | Current or past Psoriasis |  |  |
| e.  | Iritis or uveitis (diagnosed by Ophthalmology)? |  |  |
| f. | Crohn’s Disease or Ulcerative Colitis (diagnosed by Gastroenterology)? |  |  |



**Referral criteria**