**Important: Please complete the patient details and EITHER the Early Inflammatory Arthritis Clinic referral criteria or the Inflammatory Back Pain Clinic referral criteria and attach to the e-Rs referral which must include clinical details and current medication**

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|  | **Early Inflammatory Arthritis Clinic** - a rapid access clinic for the early diagnosis and management of suspected **inflammatory arthritis** and **psoriatic arthritis**.  **ONLY COMPLETE EIA CLINIC REFERRAL CRITERIA** |
|  | **Inflammatory Back Pain Clinic** – a clinic for the early diagnosis and management of suspected **axial spondylarthritis. ONLY COMPLETE INFLAMMATORY BACK PAIN CLINIC REFERRAL CRITERIA** |

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| **PATIENT DETAILS** | | **GP DETAILS** | |
| NHS number |  | Referring GP |  |
| Hospital number |  | Practice Address |  |
| First name |  |
| Title & Surname |  |
| Gender |  | Practice Code |  |
| Date Of Birth |  | Telephone |  |
| Address |  | Fax |  |
| Email *(nhs.net only)* |  |
| Telephone *(home)* |  | Interpreter required | Yes:  No: |
| Telephone *(work)* |  | Language |  |
| Telephone *(mobile)* |  | Ethnicity |  |

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| **REFERRAL CRITERIA EIA CLINIC**  Referrals will be accepted only if the patient meets **A MINIMUM OF 3** of the following criteria **(tick relevant boxes)** | |
| Persistent small joint (hands, feet, wrists) inflammation (swelling) > 6 weeks < 12 months |  |
| Tenderness and/or swelling of ≥ 2 joints (not including DIP, 1st CMC or 1st MTP joints) |  |
| Morning Stiffness >30 mins |  |
| Positive Rheumatoid Factor or Anti-CCP antibodies |  |
| Elevated CRP |  |

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| **REFERRAL CRITERIA INFLAMMATORY BACK PAIN CLINIC** | |
| **ESSENTIAL CRITERIA – Back pain > 3 months** | |
| **Patient must meet at least 4/5 of the criteria below (tick relevant boxes)** | |
| Age of onset of back pain under 45 years |  |
| Insidious onset of back pain |  |
| Improvement in back pain with exercise |  |
| No improvement in pain with rest |  |
| Pain at night (with improvement upon getting up) |  |

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| Signature: | Date: |