**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:       |