**Referral pathway to the Early Inflammatory Arthritis Service (EIA Service) - 3 week wait**

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: |  |

Please note the diagnosis of Early Inflammatory Arthritis **is not excluded** by normal inflammatory markers and / or a negative rheumatoid factor and/ or normal Xrays.

**Please answer each statement below with an X in either Yes or No. \* Should have Yes for 1 AND any one of 2-5 to make a referral to the Early Inflammatory Arthritis Service.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | Patient has suspected joint inflammation for 4 weeks or more?\* |  |  |
| 2 | Patient has swelling in 3 or more joints? |  |  |
| 3 | Patient has swelling in the small joints of the hands or feet? |  |  |
| 4 | Positive MCPJ or MTPJ “Squeeze test” (i.e. pain produced by squeezing across the metacarpophalangeal/ metatarsophalangeal joints) |  |  |
| 5 | Early morning stiffness EMS >30 mins |  |  |

**Additional features to raise suspicion of inflammatory arthritis (please complete with X):**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 6 | Constitutional symptoms? e.g., weight loss, anorexia or fatigue |  |  |
| 7 | Presence of other features related to arthritis, e.g., rash, painful red eyes or inflammatory bowel disease? |  |  |
| 8 | Family history of autoimmune disease? |  |  |
| 9 | Family history of psoriasis? |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Normal | Abnormal (can give details) | Pending |
| 10 | FBC, U&E, LFTS |  |  |  |
| 11 | Inflammatory markers |  |  |  |
| 12 | Rheumatoid factor (RF) |  |  |  |
| 13 | ANA |  |  |  |
| 14 | TFTs |  |  |  |
| 15 | Xrays- hands and feet |  |  |  |
| 16 | Other relevant\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Please write any further relevant details here: