**Primary Care Referral Proforma for Suspected Early Inflammatory Arthritis**

Dear Referrer

All referrals for suspected Early Inflammatory Arthritis (EIA) are triaged against the below evidence- based criteria.

Patients referred and accepted will be offered the earliest available appointment in the Early Arthritis clinic (EAC).

Please select the relevant indication(s) for referral below and attach it to your **referral letter, which will need to be submitted via EPR (formerly Choose & Book).**

**Referrals sent without including a fully completed proforma will not be considered for the EAC and will be returned to the referrer.**

|  |  |
| --- | --- |
| 1. Recent onset of swollen and tender joints **(≥ 4 weeks but less than 6 months)**  Approximate date of symptom onset \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2. Symptoms worse in the morning with > 30 minutes early morning stiffness |  |
| 3. Raised inflammatory markers (insert values ESR:\_\_\_\_\_\_\_ CRP:\_\_\_\_\_\_\_ ) |  |
| 4. Positive (insert values) CCP:\_\_\_\_\_\_\_ RF:\_\_\_\_\_\_\_\_ |  |
| 5. Tenderness and/or swelling at ≥ 2 joints (not including DIPs, 1st CMC of 1st MTP joint)  Specify involved joints\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 6. Involvement of the small joints (hands, feet, wrists) |  |

Referrals should meet a **minimum of three o**f the above criteria.

**Recommended investigations:**

|  |  |
| --- | --- |
| FBC, U&E, LFT, Urate |  |
| ESR, CRP |  |
| Rheumatoid factor, anti-CCP antibodies |  |
| ANA |  |
| X-ray hands, feet (only if done at HHFT) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Patient name |  | Referrer’s name |  |
| D.O.B. |  | Address |  |
| NHS number |  | Tel. Number/Email |  |
| Hospital Number |  | Signature |  |
| Tel. number |  |  |  |

A picture containing circle, graphics, text, symbol

Description automatically generated