**Polymyalgia Rheumatica Referral Form**

**All referrals to the service are received via the Electronic Referral Service (eRS) – “Rheumatology” and mark referral “Polymyalgia Rheumatica”**

*Most cases of PMR can be managed in primary care.*

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| **Please select the urgency of the referral** | |
| Routine □ | Urgent □ |

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| **PATIENT NAME, ADDRESS AND TELEPHONE NO.** | **DATE OF BIRTH** | **NHS NO.** | **CURRENT DIAGNOSES** |
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| **Please refer to Rheumatology with any of the following (Please tick)** |
| There is uncertainty regarding diagnosis □  Difficulty reducing prednisolone dose <10mg □  Symptoms resistant to prednisolone □  Consideration of introduction of steroid-sparing agent eg methotrexate □  Presence of swollen joints/significant articular symptoms suggestive of underlying inflammatory arthritis at presentation or on steroid reduction □ |

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| **Refer URGENTLY if any suspicion of temporal arteritis eg visual symptoms,severe headache, jaw claudication (seek urgent telephone advice)** |

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| **Reason for referral:** |

*Suggested investigations prior to referral and commencement of prednisolone; FBC, PV, CRP, U&E, Creat, LFT, Ca, Immunoglobulins, serum and urine electrophoresis, RF, AIP, CPK, consider PSA in men*

*Do not delay treatment if clinically indicated pending referral.*

*Do not delay treatment or referral if blood results normal.*

*Please include past medical history and a medication list in referral.*

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| **REFERRING GP’s NAME** | **SURGERY DETAILS** | **DATE OF REFERRAL** |
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| **GMC registration number** |  |