**Suspected Psoriatic Arthritis Referral Form**

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

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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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| The hallmark of PsA is joint, digit, entheses and tendon swelling associated with pain and stiffness.  It can causes axial inflammation resulting in inflammatory back pain.  30% of patients with psoriasis develop psoriatic arthritis. |

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| **Refer the following patients with suspected psoriatic arthritis (please tick)** | **PEST tool:** |
| * Psoriasis or family history of psoriasis with history suggesting inflammatory arthritis   + Stiffness in any joint lasting >30 minutes in the morning □   + Painful and swollen joint □   + Dactylitis (Sausage finger/toe) □   + Inflammatory spinal pain □ * Psoriasis or family history of psoriasis presenting with enthesitis eg plantar fasciitis, tennis elbow or insertional Achilles pain □ * Positive PEST 3/5 (Screening of psoriasis patients using PEST tool) □ |  |

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| **Please give details of the following aspects:** |
| Duration of symptoms:  Pattern of joint involvement/spinal symptoms:  Presence/duration of early morning stiffness:  Psoriasis/FH of psoriasis:  Presence of nail changes:  Systemic symptoms eg weight loss, fever:  Examination findings: |

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| **Relevant family history:** |

*Suggested investigations prior to referral: FBC, PV, CRP, U&E, creat, LFT, urate, RF, Xray affected joint (where possible). Please don’t delay referral if bloods are normal; CRP can be normal in psoriatic arthritis.*

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