**REFERRAL FORM FOR RHEUMATOLOGY FOR SUSPICION OF PSORIATIC ARTHRITIS**

Please complete the following in full, save and attach to e-referral including as much clinical detail as possible. 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 No: | GP Practice Email: |
| Date of referral: |  |

*Please consider referring through EIA pathway if the patient meets the EIA clinical referral criteria and use the corresponding form instead.*

Please add a clinical summary as below:

*Please include:*

*Pattern of joint involvement*

*Duration of symptoms*

*Any history of inactivity gelling of joints?*

*Any spinal inflammation, dactylitis or enthesitis?*

*Psoriasis/FH of psoriasis*

*Any evidence of psoriatic nail disease?*

*Any history (or family history) of inflammatory bowel disease or uveitis?*

*Examination findings*

*Any relevant results*