**Shared Care Proforma for the Management of Inflammatory Arthritis**

**& ConnectiveTissue Disease for Adult services (over 16)**

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| **PATIENT DETAILS:** (please complete or attach sticky label)  Name:  Date of birth:  NHS No:  Address: | **PATIENT’S GP:**  **CONSULTANT DETAILS:** |
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| MONITORING AND PRESCRIBING ARRANGEMENTS (Tick One) *(please refer to Shared Care Protocol version* ***5.0*** *at* [*http://medicinesmanagement.doncasterccg.nhs.uk/shared-care/shared-care-drugs/*](http://medicinesmanagement.doncasterccg.nhs.uk/shared-care/shared-care-drugs/)  □ Computerised Monitoring System (with Rheumatology oversight) with GP prescribing (Doncaster commissioned  service)  □ GP Monitoring and Prescribing (Bassetlaw commissioned service)  *(please refer to BSR guidelines http://www.rheumatology.org.uk/)* | | |
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| **Medications (Please tick)** | **Dosage** | **Route** | **Date of Initiation** | **Date Dosage Stabilised** |
| □ Methotrexate |  | Oral |  |  |
| □ Leflunomide |  | Oral |  |  |
| □ Sulfasalazine |  | Oral |  |  |
| □ Azathioprine |  | Oral |  |  |
| □ Gold |  | IM |  |  |
| □ Penicillamine |  | Oral |  |  |
| □ Mycophenolate  Mofetil |  | Oral |  |  |

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| RESPONSIBILITY / ACTION IN CASE OF PROBLEMS Contact: Office Hours – Specialist (via Hospital switchboard)  Rheumatology Helpline Tel **01302 644101 (Doncaster Royal Infirmary)**  **01909 502398 (Bassetlaw Hospital)**  Out of hours – On-call (via Hospital switchboard) . |
| To be completed by GP and returned to specialistI agree to this shared care proposal and am willing to prescribe from (start date)   GP name (printed) GP signature Date |

NB: Please call Specialist if further information or support is required prior to signing.