**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 PROBLEMSContact: 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.