

# Rheumatology

Newcastle Upon Tyne Hospitals NHS Foundation Trust

## Autoimmune Connective Tissue Disorder (CTD) or Vasculitis (Vasc)

(Referral form - Emis web)

This form is partially unlocked (indicated by the  symbol) to allow referrer to delete sensitive/extraneous data)

Date of referral letter	<b>Short date letter merged</b>	Date of referral if different to stated:			
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<b>Name:</b>	<b>Full Name</b>	DOB:	<b>Date of Birth</b>	NHS No	<b>NHS Number</b>
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Referrals for patients suspected of having an Autoimmune Connective Tissue Disorder (CTD) or Vasculitis (Vasc)

**NB: Emailed referrals must be sent from a secure email address e.g. nhs.net**

**PATIENTS SUSPECTED OF GCA SHOULD BE REFERRED VIA OUR FAST TRACK PATHWAY**

<https://www.newcastle-hospitals.nhs.uk/services/rheumatology/>

**Please refer to Recommendations - Choosing Wisely UK** – British Society of Rheumatology (especially recommendations 1 and 6) to decide if you should check autoantibodies in patients you suspect may have a connective tissue disease or vasculitis. Autoantibodies are NOT diagnostic tests and should not be used to screen for conditions. Autoantibodies do not need to be checked before referral

**Please contact the on-call registrar or consultant if you think a patient may have organ threatening disease and should be reviewed urgently by calling hospital switchboard and asking to be connected**  
Telephone number 0191 233 6161

**PATIENTS SUSPECTED OF GCA SHOULD BE REFERRED VIA OUR FAST TRACK PATHWAY**

### Reason for Referral

Note to referrer: Extraneous/sensitive information **MUST BE DELETED** from the consultation below  
Consultations

### Any Other information not included in 'reason for referral' above

Weight: Single Code Entry: Body weight

Smoking status: Single Code Entry: Current smoker...

Alcohol consumption: Single Code Entry: Alcohol consumption

Height: Single Code Entry: Standing height

BMI: Single Code Entry: Body mass index

BP: Single Code Entry: O/E - blood pressure reading

**Problems**

**Medication**

**Single Code Entry: Uses monitored dosage system...**

**Allergies**

<b>FBCs</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
Haemoglobin	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation
WCC	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count
MCV	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume
MCH	Single Code Entry: MCH - Mean corpuscular haemoglobin	Single Code Entry: MCH - Mean corpuscular haemoglobin
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count
<b>U&amp;Es &amp; HbA1c</b>	<b>Result within 2 months REQUIRED</b>	
Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level
Potassium	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level
Urea Level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level
HbA1c	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised
<b>LFTs</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
Bilirubin/Total Bilirubin	Single Code Entry: Serum bilirubin level...	Single Code Entry: Serum bilirubin level...
Alkaline Phosphatase	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level
ALT	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level
AST	Single Code Entry: Serum aspartate aminotransferase level	Single Code Entry: Serum aspartate aminotransferase level
Gamma GT Level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) level
Albumin	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...
Total protein	Single Code Entry: Serum total protein	Single Code Entry: Serum total protein

<b>Bone</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
Ser adj calc conc	Single Code Entry: Serum adjusted calcium concentration	Single Code Entry: Serum adjusted calcium concentration
Serum inorganic phos level	Single Code Entry: Serum inorganic phosphate level	Single Code Entry: Serum adjusted calcium concentration

<b>CRP and/or ESR</b>	<input type="checkbox"/> <b>Requested</b> <b>Date:</b> <input type="text"/>	
	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
Serum CRP	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level
ESR	Single Code Entry: Erythrocyte sedimentation rate	Single Code Entry: Erythrocyte sedimentation rate

<b>TFTs</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
Serum TSH	Single Code Entry: Serum TSH (thyroid stimulating hormone) level	Single Code Entry: Serum TSH (thyroid stimulating hormone) level
Serum/plasma free T4	Single Code Entry: Serum free T4 level	Single Code Entry: Serum free T4 level

<b>eGFR</b>	result within 2 months <b>REQUIRED</b>
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Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular
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Creatinine Kinase	Single Code Entry: Finding of serum creatine kinase level...	Single Code Entry: Serum creatine kinase level...
<b>Immunoglobulins</b>	Single Code Entry: Immunoglobulins	Single Code Entry: Immunoglobulins
Autoantibodies		
<b>Rheumatoid Factor</b>	Single Code Entry: Rheumatoid factor...	Single Code Entry: Rheumatoid factor...
<b>CCP</b>	Single Code Entry: Anti-CCP (anti-cyclic citrullinated peptide) antibody positive...	Single Code Entry: Anti-cyclic citrullinated peptide antibody level...
<b>LDH</b>	Single Code Entry: Serum LDH - Lactate dehydrogenase level elevated...	Single Code Entry: Serum lactate dehydrogenase level

<b>Urinalysis</b>	<b>(ensure not menstruating)</b>	If symptoms of UTI – please send sample for culture	<b>Date</b>
<b>Dipstick Test</b>	>1 + blood    Yes <input type="checkbox"/> / No <input type="checkbox"/>	>1 + protein Yes <input type="checkbox"/> /No <input type="checkbox"/>	<input type="text"/>
<b>MSU</b>	Single Code Entry: Urinalysis = no abnormality...	Single Code Entry: Urinalysis = no abnormality...	

**Please complete the rest of this form**

## Referrer details

Name of referrer:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
<b>Referring Organisation</b> <b>Organisation Name , Organisation Full Address (single line)</b> Tel: <b>Organisation Telephone Number</b> Email: <b>Organisation E-mail Address</b> Fax: <b>Organisation Fax Number</b>		<b>GP details</b> <b>Usual GP Full Name</b> <b>Usual GP Organisation Name Usual GP Full Address (single line)</b> Tel: <b>Usual GP Phone Number</b> Fax: <b>Usual GP Fax Number</b>	
Name of GP to address correspondence to, if different to accountable GP		<input type="text"/>	

## Patient details

Name:	Full Name		Address:	Home Full Address (stacked)
Gender:	Gender(full)			
DOB & Age:	Date of Birth Age: Age			
NHS number:	NHS Number			
Patient Contacts:	Home:	Patient Home Telephone	Mobile:	Patient Mobile Telephone
	Work:	Patient Work Telephone	Email:	Patient E-mail Address
	<b>Carer/Advocate:</b> The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Contact Details: <input type="text"/>			
Contact Consent:	<input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email		NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	Ethnic Origin			
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input type="text"/>			
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer			
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation <input type="checkbox"/> On child protection register (Details of any recording within last 3 years) Single Code Entry: Child on protection register Single Code Entry: Child removed from protection register Other: <input type="text"/>			
<b>Other:</b> Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer				

## Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) (NB: NOT TO BE USED FOR REFERRING A PATIENT). Rheumatology Referral Form April 2022 v1 EMIS Web SNOMED CDRC