

Shared Care Proforma for the Management of Inflammatory Arthritis & Connective Tissue Disease for Adult services (over 16)

<p>PATIENT DETAILS: (please complete or attach sticky label)</p> <p>Name:</p> <p>Date of birth:</p> <p>NHS No:</p> <p>Address:</p>	<p>PATIENT'S GP:</p> <p>CONSULTANT DETAILS:</p>
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<p>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/)</p> <p><input type="checkbox"/> Computerised Monitoring System (with Rheumatology oversight) with GP prescribing (Doncaster commissioned service)</p> <p><input type="checkbox"/> GP Monitoring and Prescribing (Bassetlaw commissioned service) (please refer to BSR guidelines http://www.rheumatology.org.uk/)</p>

Medications (Please tick)	Dosage	Route	Date of Initiation	Date Dosage Stabilised
<input type="checkbox"/> Methotrexate		Oral		
<input type="checkbox"/> Leflunomide		Oral		
<input type="checkbox"/> Sulfasalazine		Oral		
<input type="checkbox"/> Azathioprine		Oral		
<input type="checkbox"/> Gold		IM		
<input type="checkbox"/> Penicillamine		Oral		
<input type="checkbox"/> Mycophenolate Mofetil		Oral		

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 specialist

I 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.