



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

<p><b>PATIENT DETAILS:</b> (please complete or attach sticky label)</p> <p>Name:</p> <p>Date of birth:</p> <p>NHS No:</p> <p>Address:</p>	<p><b>PATIENT'S GP:</b></p>    <p><b>CONSULTANT DETAILS:</b></p>
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**MONITORING AND PRESCRIBING ARRANGEMENTS (Tick One)**  
(please refer to the latest Shared Care Protocol on the MO website )

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/>)

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		
<input type="checkbox"/> Mycophenolic Acid		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 .....

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