



Shared Care Proforma for the Management of Inflammatory Arthritis, Connective Tissue Disease & Systemic Vasculitis 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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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"/> Methotrexate (RED in Bassetlaw)		Sub-cut injection		
<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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