Referral details

**Referral Date: Referred by:**

**GP Practice Details:**

Patient Details

**Name: Date of Birth:**

**Address:**

I have assessed the above named patient and suspect that they may have axial spondyloarthritis or ankylosing spondylitis as they have exhibited the following symptoms and/or clinical features[[1]](#footnote-1):

[ ]  Insidious onset of back pain for longer than 3 months

[ ]  Age at onset of back pain less than 40 years

[ ]  Improvement of back pain with activity

[ ]  No improvement of back pain with rest

[ ]  Back pain at night resulting in disturbed sleep

[ ]  Buttock pain which can alternate

[ ]  Enthesitis

[ ]  Dactylitis

[ ]  Family history of spondyloarthritis

[ ]  Psoriasis

[ ]  Uveitis

[ ]  Inflammatory bowel disease

The NICE Guideline for Spondyloarthritis[[2]](#footnote-2) states: *If a person has low back pain that started before the age of 45 years and has lasted for longer than 3 months, refer the person to a rheumatologist for a spondyloarthritis assessment if* ***4 or more*** *of the (above) criteria are also present. If exactly* ***3*** *of the additional criteria are present, perform an HLA-B27 test. If the test is positive, refer the person to a rheumatologist for a spondyloarthritis assessment.*

I have also enclosed a copy of the SPADE Assessment Tool[[3]](#footnote-3) which supports my findings. I would therefore be grateful if you could please consider referring this patient into rheumatology for further evaluation of the diagnosis.

|  |
| --- |
|  |

Yours sincerely,



1. Assessment of Spondyloarthritis Internaltional Society Classification Criteria, <https://www.asas-group.org/education/asas-handbook/> [↑](#footnote-ref-1)
2. <https://www.nice.org.uk/guidance/ng65> [↑](#footnote-ref-2)
3. Spondyloarthritis Diagnosis Evaluation Tool, <http://www.spadetool.co.uk/> [↑](#footnote-ref-3)