****

**Leeds Teaching Hospitals NHS Trust Rheumatology**

**MDT Spondyloarthritis (SpA) Referral Form**

* Please complete this form so that the MDT knows which questions need to be answered
* This form is designed to be completed electronically. Email to leedsth-tr.leedsmdtspa@nhs.net

Patient Name: Click here to enter text. DOB: Click here to enter text.

NHS Number: Click here to enter text. Consultant: Click here to enter text.

Diagnosis: Click here to enter text.

Relevant comorbidities: Click here to enter text.

Drug History (please list all rheumatology meds): Click here to enter text.

What questions do you want answering? Click here to enter text.

Do you have imaging available for discussion? Click here to enter text.

If so, please make sure that this is sent with this referral, Click here to enter text.

confirming your preferred system (i.e. PACS, other)

**Form completed by:** Name Click here to enter text. Position Choose an item.

Contact No Click here to enter text. Date Click here to enter a date.

**-------------------------------------------------------------------------------------------------------------------------------------------**

**Date of Spondyloarthritis MDT:**

Findings:

Recommendations:

MDT outcome completed by/Date: