

Shared Care Agreement - Disease Modifying Drugs (DMARDs)

Request by specialist Clinician for the patient's GP to enter into a shared care agreement

Reference:

Date:

Patient name:

RXR/NHS number:

Patient address:

Diagnosis: _____

In accordance with the shared care guidelines I kindly request that you prescribe:

- | | | |
|----------|------------|-----------------|
| 1. _____ | Dose _____ | Frequency _____ |
| 2. _____ | Dose _____ | Frequency _____ |
| 3. _____ | Dose _____ | Frequency _____ |

for the above named patient:

Shared care guidelines available @ <http://www.elmmb.nhs.uk/policies-and-guidelines/shared-care-guidelines/>

Last Prescription issued: _____ Next prescription due: _____

Date of last blood test: _____ Date of next blood test: _____

Frequency of Blood test: _____

I can confirm that the patient has been stabilised and reviewed on the above regime in accordance with the Shared Care guideline.

If this is a Shared Care Agreement for a drug indication which is unlicensed or off label, I confirm that informed consent has been received.

I will accept referral for reassessment at your request. The clinical team in the rheumatology department are available to give you advice.

Details of Specialist Clinician

Name: _____ Date: _____

Consultant/ Associate Specialist/ Specialist Registrar /Specialist Nurse (circle or underline as appropriate)

When the request for Shared Care is made by a specialist nurse, it is the supervising consultant who takes medicolegal responsibility for the agreement.

Consultant: _____

Contact details for rheumatology specialist nurses ELHT: elht.rheumatologynurses@nhs.net

Telephone number: 01254 734491 or 01254 734569

Unless we hear from you within 14 days, we will assume that the Shared Care agreement has been accepted.

Yours sincerely,

The Rheumatology Directorate, ELHT