



Title	Direct Referral for Temporal Artery Biopsy
Document Type	Guidance and Referral Form
Issue no	<i>Clinical Governance Support Team Use</i>
Issue date	25 September 2019
Review date	25 September 2022
Distribution	
Prepared by	Dr Ruth Richmond/Dr Adrian Tan
Developed by	Dr Ruth Richmond/Dr Adrian Tan
Reviewed by	Dr Ruth Richmond/Dr Adrian Tan
Equality & Diversity Impact Assessed	

Referral for temporal artery biopsy

When completing this form, please do so in conjunction with the guidance notes available on RefHelp and the Rheumatology Microsite.

Please do not refer for biopsy until the results of ESR and CRP are available.

Where the diagnosis is suspected, but there is *no* ocular involvement, please do not start Prednisolone until the results of ESR and CRP are available.

Where the diagnosis is suspected and there is ocular involvement please discuss with ophthalmology urgently, and start 60 mg daily Prednisolone

When complete the referral and pathology form should be sent to both

- GeneralSurgery.Mailbox@borders.scot.nhs.uk
- RheumatologyAdvice@borders.scot.nhs.uk

Should your patient's situation change and you no longer feel that biopsy is indicated, please ensure that both mail boxes are informed

Where there is uncertainty about the indication for biopsy please seek rheumatology advice

Patient Name

Patient CHI No

Patient Telephone No

Referrers Name

Practice and Contact Details (GP)

.....

Post and Responsible Consultant (Hospital)

.....

Relevant Past Medical History:

- Diabetes mellitus
- Osteoporosis
- Prior steroid use – indication.....
- Aspirin/Clopidogrel/anticoagulant use, details of drug and indication

.....

- Other
-

The patient fulfils the following criteria:

- Age >50, and,
- New and persistent temporal (unilateral/bilateral) or occipital headache and,
- CRP > 50 mg/L prior to starting steroid, and/or,
- ESR >50 mm/hr prior to starting steroid,

Plus at least 1 of the following (please tick)

- Scalp tenderness
- Visual disturbance, details
-
- Jaw claudication
- Tongue claudication
- Constitutional symptoms, details
- Polymyalgic symptoms
- Limb claudication

Date Prednisolone commenced **Dose**

Preferred site for biopsy

- Right
- Left
- No preference

I have attached a completed pathology form

Signed

Date