

Address  
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Date

Dear

**Patient Name**  
**Address**  
**Date of Birth**

I have assessed (patient name) and suspect that he/she may have axial spondyloarthritis or ankylosing spondylitis as they have exhibited the following symptoms and/or clinical features<sup>1</sup>:

- ☐ 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<sup>2</sup> 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<sup>3</sup> 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 [OPTIONAL]. Please insert additional comments you may have here.

Yours sincerely

Name

Endorsed by



Royal College of  
General Practitioners

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<sup>1</sup> Assessment of Spondyloarthritis International Society Classification Criteria, <https://www.asas-group.org/education/asas-handbook/>

<sup>2</sup> <https://www.nice.org.uk/guidance/ng65>

<sup>3</sup> Spondyloarthritis Diagnosis Evaluation Tool, <http://www.spadetool.co.uk/>