**Rheumatology Patient Query Tallaght University Hospital**

**Email completed forms to** [**rheumpatientquery@tuh.ie**](mailto:rheumpatientquery@tuh.ie)

**(Please note incomplete forms will be automatically returned for completion)**

Due to extreme staff shortages caused by the COVID pandemic we can only respond to the following queries listed below. Advice about COVID-19 and rheumatology conditions is posted on the Arthritis Ireland website and updated regularly with input from our department consultants.

For any other general information on your disease and treatment you should be able to find this on the Arthritis Ireland website or **contact their helpline for advice** [**01 661 8188**](tel:+35316618188)**/**[**1890 252 846**](tel:1890252846)

If your query is not included on this form and the Arthritis Ireland helpline is unable to assist you then you will need to discuss any other issues with your GP at this time.

**Your information**

First name: Click here to type your first name

Surname: Click here to type your surname

Date of Birth: Click here to enter your date of birth dd/mm/yyyy

Hospital number (if known): Click here to enter your hospital number (if known).

Telephone contact: Click here to type your contact number

**What is your Query?**

Please specify your query in one of the following sections below by clicking the box next to the question

1. **I want to request a repeat prescription**

Please write down your list of medications below that you want a repeat prescription for – prescriptions for non-rheumatology medicines including painkillers should be done by your GP. Only your GP can issue a medical card prescription.

Please plan ahead for prescription renewal as this will take a week to complete. Your pharmacist may be able to give you a short period of cover in a shortfall.

Click here to enter text.

1. **I want to rearrange an appointment**

(this will be arranged – we are currently providing telephone and video appointments only unless urgent – there is no need to cancel an appointment as we will contact you)

What is the date of your current appointment?

Click here to enter a date.

When do you want to request a future appointment?

Click here to enter a date.

1. **I am having a flare of my condition**

Please provide details – at this time physical appointments are very limited and you may need to attend your GP if you are in urgent need of pain relief. We will try to arrange a telephone assessment.

Click here to provide details.

1. **I think I am having a side effect from my medication**

What medication are you are on:

Click here to enter the name of your medication.

When did you start this medication?

Click here to enter your start date on this medication.

What side effect are you experiencing?

Click here to describe your side effect.

Please consider seeking advice from the Arthritis Ireland helpline or your GP if you have any concerns while awaiting a response.

1. **Please provide me with monitoring blood test forms**

What medication are you taking?

Click here to enter the name of your medication.

When are you due to have your next blood test?

Click here to enter a date.