

GP Name:

Date: __ / __ / __

Surgery Name and Address:

Dear Dr _____

Re: My vital steroid hormone prescription(s)

My name:		My date of birth:	
My NHS number:		My phone number or email:	
My endocrinologist's name:		The hospital my endocrinologist works at:	

I am **steroid-dependent** due to a diagnosis of **adrenal insufficiency**. I am treated with the following essential glucocorticoid medication(s):

List all steroid medications prescribed for adrenal insufficiency, e.g. hydrocortisone, prednisolone, emergency injections

In line with recommendations from the *NICE Guidelines for the Identification and Management of Adrenal Insufficiency*, and the *Society for Endocrinology*, I am writing to request that you **check, and change, my steroid medication prescriptions.**

These changes are important to allow me to:

- Increase my dosing when following the life-saving **Sick Day Rules**
- Have 'spare' medicine in case any is damaged or lost
- Have enough medicine to last through any shortages or supply issues

Requested changes and checks:

- Regarding my oral replacement steroid medication prescription (for daily use):
 - Please increase my repeat prescription to 84 days**
 - Sometimes I will need to request a new prescription before the end of 84 days. This is because I will use more than my normal daily dose of steroids when following the Sick Day Rules. **Please support me to follow the Sick Day Rules by approving any early requests for my prescription**
 - If possible, please **add a warning/alert to my record**, visible to staff, that states that I am *steroid-dependent* and *require prompt prescriptions*

*GP note: for patients whose medications are dispensed in a dosette box, it is essential to provide a **separate supply of steroids** to allow for increasing the dose when following Sick Day Rules.*

- Regarding my emergency hydrocortisone for intramuscular injection (for occasional use to prevent or treat adrenal crisis):
 - Please ensure this is included on my repeat prescription list**, and not as a past or one-off prescription

These requests reflect best practice and are based on recommendations from NICE and SfE guidance. They are **supported by the expert clinical committees of both The Pituitary Foundation and Addison's Disease Self-Help Group**, and are **endorsed by the Society for Endocrinology**.

Thank you for helping me with this request.

I have also shared a copy of this letter with my endocrinologist.

Kind regards,

Name:

For more information, please refer to:



[More information
about this letter](#)



[NICE NG243
Guidelines](#)



[Society for
Endocrinology](#)



pituitary.org.uk



addisonsdisease.org.uk

The Pituitary Foundation is the UK's leading charity for people with pituitary conditions.

This letter has been authored collaboratively by The Pituitary Foundation and the Addison's Disease Self-Help Group. This letter is endorsed by the Society for Endocrinology.

