**Referral Form**

**South Coast Fatigue Mild to Moderate CFS/ME**

**Mild**“People with mild CFS/M.E. are mobile, can care for themselves and can do light domestic tasks with difficulty. Most are still working or in education, but to do this they have probably stopped all leisure and social pursuits. They often take days off or use the weekend to cope with the rest of the week.”

**Moderate**“People with moderate CFS/M.E. have reduced mobility and are restricted in all activities of daily living, although they may have peaks and troughs in their level of symptoms and ability to do activities. They have usually stopped work, school or college and need rest periods, often sleeping in the afternoon for 1 or 2 hours. Their sleep at night is generally poor quality and disturbed.”

Please complete the following and return to: [fran.hill@nhs.net](mailto:fran.hill@nhs.net) or South Coast Fatigue, Lancaster Court, Barnes Wallis Road, Fareham, PO15 5TU.

**South Coast Fatigue is a Therapy Led Service for Assessment and Intervention for people with a diagnosis of CFS/ME. There is no medical opinion within the team and referring GPs will retain responsibility for diagnosis and on-going medical management. Patients cannot be seen without a diagnosis.**

**Please initial the following statement prior to referral – patients cannot be seen unless diagnosis has been confirmed.**

**I confirm that the patient has had a diagnosis of CFS/ME:**

|  |  |
| --- | --- |
| **Date of diagnosis:** |  |
| **Doctor making diagnosis:** |  |

|  |  |
| --- | --- |
| **Name:**  **Address:**  **Email:**  **NHS No:**  **Tel No: (must be included)**  **D.O.B:** |  |
| **GP Name:**  **GP Address:**  **GP NHS Email:**  **Tel:**  **CCG:** |  |

**Please note the contract we have is for clients age 16- 65. For someone over the age of 65 we require an assessment by a consultant in old age medicine to rule out any other possible cause of fatigue. Please then send all referral documentation to the IFR Team at Omega House who will assess each case on an individual basis.**

**Please Tick**

**Is the fatigue**: (all these criteria need to be met)

* Medically unexplained (not caused by conditions such as inflammation or chronic disease)
* Of definite new onset, but at least 4 months duration
* Not due to ongoing exertion (e.g. shift work or over activity)
* Characterised by post exertional malaise and /or fatigue
* Causing a substantial reduction in occupational, educational, social or personal activities

**In addition to the fatigue**, are one or more of the following symptoms present? **Please tick**.

* Difficulty with sleeping (insomnia, hypersomnia, unrefreshing sleep, disturbed sleep wake cycle)
* Muscle and /or joint pain that is multi-site and without evidence of inflammation
* Headaches
* Painful lymph nodes without pathological enlargement
* Sore throat
* Cognitive dysfunction (difficulty thinking, inability to concentrate, impairment of short-term memory, difficulty with word finding/planning/organizing thoughts and information processing)
* Physical or mental exertion makes symptoms worse
* General malaise or flu like symptoms
* Dizziness and /or nausea
* Palpitations in the absence of identified cardiac pathology

Have you **excluded** the following?

* Established medical disorders known to cause fatigue
* Major depressive illness with psychotic features (but not anxiety states, somatisation disorder or non-psychotic depression).

**What services have been accessed to optimise their mental health? Please include copies of all correspondence from mental health services.**

* Any medication which causes fatigue as a side effect
* Eating disorders, anorexia, bulimia or severe obesity (BMI >=45)
* Alcohol or other substance abuse within 2 years before the onset of chronic fatigue or at any time afterwards
* Red flag ‘features’:
  + Localising/focal neurological signs
  + Have you reliably excluded inflammatory arthritis or connective tissue disease?
  + Signs and symptoms of cardio-respiratory disease
  + Significant weight loss
  + Sleep apnoea
  + Clinically significant lymphadenopathy

**If ‘Yes’ to the above** then please continue with your referral to South Coast Fatigue Ltd.

**If ‘No’** **to the above** then evidence suggest that organic or psychiatric causes may be a more likely cause. Please investigate further.

**Please reconsider the diagnosis if the person has none of the following:**

* Post exertional malaise
* Cognitive difficulties
* Sleep disturbance
* Chronic pain

**Exclusion Criteria**

* Major psychiatric illness with psychotic or manic features
* History of failed rehabilitation specific to CFS/ME (e.g. specialist CBT programme) unless there are specific reasons to reconsider the role of rehabilitation (please outline these in your referral letter)
* Concurrent rehabilitation from another service
* Ongoing medical investigation

**Significant Previous Medical History**

**Significant Previous Psychiatric History**

**Significant Social Issues**

**Medication**

**RISK ASSESSMENT:**

**Is this patient likely to present a risk to themselves, family, members of staff or other? YES/NO**

**If YES, please specify:**

**Are there any environmental risks we need to be aware of if a home visit were required? YES/NO**

**If YES, please specify:**