Yorkshire Fatigue ME/CFS Service

York Eco Business Centre

Amy Johnson Way

Clifton Moor

York

YO30 4AG

**Tel.: 01904 403481**

**Email:** chcp.yfcadmin@nhs.net

**Yorkshire Fatigue ME/CFS Service Referral Form**

Please email the completed form to

chcp.yfcadmin@nhs.net

|  |  |
| --- | --- |
| Patient Name, Address, DOB And NHS Number | GP details (Name, surgery address and phone number) |
|  |  |

**The Yorkshire Fatigue ME/CFS Service is a service for patients who you feel may have a diagnosis of ME/CFS. We do not provide therapy for those experience fatigue for other reasons. If your patient meets the below criteria please complete this referral form for further assessment.**

**Further guidance can be found via the NICE ME/CFS guideline:** [**https://www.nice.org.uk/guidance/ng206**](https://www.nice.org.uk/guidance/ng206)

**NICE Guideline Diagnostic Criteria for ME/CFS**

All of these symptoms should be present for at least 3months and other causes excluded:

[ ]  **Debilitating fatigue** limiting daily activities

[ ]  **Post-exertional malaise** symptoms disproportionately escalate in response to activity

[ ]  **Unrefreshing sleep**

[ ]  **Cognitive difficulties**.

If your patient has a preexisting diagnosis of ME/CFS and had previous input from others services please tick here and provide further details/letters [ ]

|  |  |
| --- | --- |
| **Reasons for referral**  |  |
| **Past Medical History/Relevant co-morbidities** |  |
| **Current and past mental health problems including mental health service involvement** |  |
| **Any other relevant information e.g. impact on employment, education, family, or social factors etc.** |  |
| **Additional investigations performed or specialist opinions related to fatigue symptoms** |  |

Please provide the following with the completed referral form:

1. Medical summary
2. Current medication list
3. Recent BMI
4. Copies of blood tests done in the last 6months including local lab reference ranges
5. Relevant secondary care correspondence e.g. further investigations or specialist opinions excluding other causes for the fatigue

Minimum required blood tests:

|  |  |
| --- | --- |
| **FBC** | **Calcium** |
| **U&E** | **Phosphate** |
| **LFT** | **Ferritin** (aim for >50 in adults) |
| **TFT** | **Coeliac Screen** |
| **CRP** | **Creatine Kinase** |
| **Hba1c** | **Urinalysis** for glucose, protein, blood |

Other tests may be required dependent on symptoms

In ME/CFS all of these tests are expected to be normal so if there are any abnormalities, please provide further details regarding the possible cause and why it is not felt relevant to the fatigue symptoms.

Please note our service does not have access to investigations so we require all relevant tests to be completed prior to referral.

We are unable to accept referrals where test results are incomplete or where there are significant abnormalities that have not been appropriately investigated.

If you have any questions about completing this referral, please contact us on 01904 403481 or email chcp.yfcadmin@nhs.net

Further information about our service can be accessed on our website: <https://www.chcpcic.org.uk/chcp-services/yorkshire-fatigue-me-cfs-service>

Further information regarding the diagnosis of ME/CFS is available from the Primary Care Guide to ME/CFS available from the BACME website [www.bacme.info](http://www.bacme.info):

<https://bacme.info/wp-content/uploads/2022/12/BACME-Primary-Care-Guide-to-MECFS.pdf>