Plymouth, South Hams and West Devon
CFS/ME Service

Sentinel
Health & Wellbeing

'General Practice Led, Community Focused'

Telephone: CFS/ME: 01752 435205

Referrals are only accepted from GP's/Medical Consultants through DRSS

Patient Details

Name: …………………………….…………… DOB: …………………………………………………

Address: ………………………………………………………………………………..........………………………

Postcode: ……………………………………… Telephone: ……………………………………………

MANDATORY: NHS No ………………………… Gender: Male ☐ Female ☐

Referred by:

GP Name: ………………………………………..…………………………………………………………………

Address: …..……………………………………………..………………………………………………………….

Postcode: ………………………………… Telephone: ……………………………………………………….

Email: ………………..………………………………………………………………………………………………

A COPY OF OUR SERVICE PROTOCOL IS LOCATED AT THE END OF THIS FORM

DIAGNOSIS

In many cases the diagnosis of CFS can be made confidently in Primary Care. Please refer to NICE guideline CG53 for *referral* criteria. When making the referral please EXCLUDE FIBROMYALGIA, where Fibromyalgia is the primary diagnosis, or where pain dominates fatigue. The Fukuda *diagnostic* criteria is summarised below:

Summary of Fukuda Criteria for Diagnosis of CFS/ME	**Please tick where appropriate**
Debilitating, persistent or relapsing fatigue for at least 4 months but not lifelong.	
Not the result of ongoing exertion, not substantially alleviated by rest.	
Severe enough to cause substantial reduction in previous levels of occupational, educational, social, or personal activities.	
At least *four* of the following symptoms, which have persisted or recurred during 4 or more consecutive months of illness and did not predate the fatigue; Impaired memory or concentration, sore throat, tender lymph nodes, muscle pain, pain in several joints without swelling or redness, headache, unrefreshing sleep, post-exertional malaise with at least a 24 hour delay and slow recovery.	
No clinical evidence of other causes of fatigue: 1) organ failure; 2) chronic infections; 3) rheumatic and chronic inflammatory disease; 4) major neurological diseases; 5) systemic treatment for neoplasms; 6) untreated endocrine disease; 7) primary sleep disorders; 8) obesity (BMI > 40); 9) alcohol/substance abuse; 10) reversible causes of fatigue; 11) psychiatric conditions with a presentation of psychoses, bipolar disorder or dementia: 12) eating disorders.	
Routine investigations do not suggest a cause for fatigue: FBC, ESR, U&E, LFTs, calcium, phosphate, random glucose, thyroid function, coeliac serology [endomysial abs or tTG], urinalysis	

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TREATMENT PATHWAY:

Our service is commissioned to provide the treatment strategies outlined in the N.I.C.E. guidelines for this condition. The treatment pathway is delivered as follows:

- Via a group programme over 11 sessions
- Alternatively it may be more appropriate to offer patients a set number of sessions, providing guided self-help strategies on an individual basis
- For a patient who is bedbound or completely housebound, a home assessment can be arranged after liaison with yourself as their G.P.

Please describe below any other relevant information, beyond the Fukuda criteria, leading to your possible formulation of a diagnosis of CFS and therefore to referral.

Essential Information - Please tick each box	**Yes**	**No**
Do they have a mental health history, which would present **any risk factors?** (please outline if yes)		
Do they have a history of alcohol or substance abuse within the last 12 months?		
Do they have a recent history of an eating disorder within the past 12 months?		
Do they have a BMI >40 < 18?		
Are they at risk of falls?		
Are they housebound?		
Are they bedbound?		

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ESSENTIAL INFORMATION

N.I.C.E RECOMMENDS THAT THE FOLLOWING BLOOD TESTS SHOULD BE PERFORMED IN A TIMELY MANNER

	LIST RESULTS
Full blood count	
Acute phase protein changes (i.e. ESR and CRP)	
Liver Function Tests	
Urea, electrolytes and routine biochemistry	
TSH and free Thyroxine	
Creatine phosphokinase	
Urine test for protein and glucose	
Coeliac screen	

PLEASE CONSIDER WHETHER THE FOLLOWING TESTS ARE REQUIRED

	LIST RESULTS
Hepatitis screen	
Ferritin	
B12	
Folate	

Medical history/other conditions, including any referrals pending. (Please attach relevant information and current medication)

Past psychiatric history, including any referrals pending or relevant reports:

Any other information pertinent to attending the CFS/ME service:

Referrer Signature: ………………………………………… **Date: …………………**

CFS/ME REFERRAL PROTOCOL FOR ADULTS OVER THE AGE OF 16

Protocol for GPs:

CFS is a syndrome characterised by abnormal FATIGUE which is:

- The principal complaint
- Medically unexplained (i.e. not caused by conditions such as inflammation or chronic disease)
- Of definite onset (i.e. not lifelong) but chronic (4 months presentation).
- Not the result of ongoing exertion (i.e. shift work or over activity)
- Not substantially relieved by rest
- Causing a substantial reduction in effectiveness of occupational, educational, social or personal activities.

The following conditions would **EXCLUDE** a diagnosis of CFS/ME and should be screened prior to referral:

- Established medical disorders known to cause chronic fatigue. This is especially important in the elderly in whom cardiac, respiratory and neurological causes of fatigue can be frequently missed
- Psychosis e.g. schizophrenia, bipolar disorder
- Alcohol or substance abuse
- Eating disorders, anorexia, bulimia or severe obesity with a BMI > 40 or <18
- Adults with behaviour or conditions which prevent engagement with the service
- Adults with Fibromyalgia as a primary diagnosis or where pain dominates fatigue
- Severe depressive illness with psychotic or melancholic features (but not anxiety states or mild to moderate depression)
- Somatisation disorder
- Possible dementia
- Patients under 16 years of age

As part of the referral process the following investigations should have been performed and are within normal limits:

- Full blood count
- Acute phase protein changes (i.e. ESR and CRP)
- Liver function tests
- Urea, electrolytes and routine biochemistry
- TSH and free thyroxine
- Creatine phosphokinase
- Urine test for protein and glucose

NICE GUIDELINES:

The NICE guidelines for CFS/ME recommend referral to specialist CFS/ME care within 4 months of presentation for people with moderate symptoms, within 6 months for people with mild presentation and immediately if the patient has severe CFS/ME. Please refer to the guidelines for more detail on diagnosis and recommended treatment for CFS/ME.

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