**ME/Chronic fatigue  
syndrome (CFS) service  
referral form**The Kent and Medway ME/CFS service is designed to offer interdisciplinary assessment and evidence-based management to adults (aged 18 years+) with myalgic encephalomyelitis (ME)/chronic fatigue syndrome (CFS). The collaborative approach used is always based on an individual’s needs and capabilities. The emphasis is on self-management and rehabilitation and is informed by the recommendations of the NICE guidelines (NG206, October 2021). **On referral the diagnosis will generally already be established and other possible causes will have been excluded. This form needs to be fully completed by a doctor in order for a referral to be accepted and the completion process should help the referrer to confirm diagnosis.**

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| **Date of referral:** | | |
| **Patient details** | | |
| **Name:** | | **Date of birth:** |
| **Address:** | | **NHS no:** |
| **Identified gender:** |
| **First language:** |
| **Ethnicity:** |
| **Marital status:** |
| **Post code:** | | **Interpreter required:**   Yes  No |
| **Telephone:** | | **Literacy/communication problems?:**   Yes  No  **If yes, please specify:** |
| **Mobile:** | |
| **Next-of-kin details** | | |
| **Name:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **GP details** | | |
| **Name:** |  | |
| **Telephone:** |  | |
| **Address of surgery:** |  | |
| **Practice code:** |  | |
| **Name, address and telephone of referring GP/consultant (if different to above):** | | |
| **Describe onset of fatigue (please tick as appropriate):**   Acute  Gradual | | |

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| **Diagnosis of ME/CFS (by whom and when):** |
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| **Brief history of fatigue (including nature of onset and any treatments/therapies received for ME/CFS):** |
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| **Criteria for diagnosis (based on NICE guideline NG206 (2021) criteria):** | |
| **Please confirm that all the following symptoms have persisted for a minimum of three months:** | Yes  No |
| Debilitating **fatigue** that is worsened by activity, is not caused by excessive cognitive, physical, emotional or social exertion, and is not significantly relieved by rest. | Yes  No |
| **Post-exertional malaise** after activity in which the worsening of symptoms:   * is often delayed in onset by hours or days. * is disproportionate to the activity. * has a prolonged recovery time that may last hours, days, weeks or longer. | Yes  No |
| **Unrefreshing sleep or sleep disturbance** (or both), which may include:   * feeling exhausted, feeling flu-like and stiff on waking. * broken or shallow sleep, altered sleep pattern or hypersomnia. | Yes  No |
| **Cognitive difficulties** (sometimes described as 'brain fog'), which may include problems finding words or numbers, difficulty in speaking, slowed responsiveness, short-term memory problems, and difficulty concentrating or multitasking. | Yes  No |
| In addition, the person's ability to engage in occupational, educational, social or personal activities is significantly reduced from pre-illness levels. | Yes  No |

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| **In addition to fatigue, are one or more of the following symptoms persistent and/or recurrent and do not pre-date fatigue?** | |
| Orthostatic intolerance and autonomic dysfunction, including dizziness, palpitations, fainting, nausea on standing or sitting upright from a reclining position. | Yes  No |
| Temperature hypersensitivity resulting in profuse sweating, chills, hot flushes, or feeling very cold. | Yes  No |
| Neuromuscular symptoms, including twitching and myoclonic jerks. | Yes  No |
| Flu-like symptoms, including sore throat, tender glands, nausea, chills or muscle aches. | Yes  No |
| Intolerance to alcohol, or to certain foods and chemicals. | Yes  No |
| Heightened sensory sensitivities, including to light, sound, touch, taste and smell. | Yes  No |
| Pain, including pain on touch, myalgia, headaches, eye pain, abdominal pain or joint pain without acute redness, swelling or effusion. | Yes  No |

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| **Please indicate that you have excluded all of the following as the potential cause of the fatigue:** | |
| Localising/focal neurological signs. | True  False |
| Signs and symptoms of inflammatory arthritis or connective tissue disease. | True  False |
| Signs and symptoms of cardio respiratory disease. | True  False |
| Significant weight loss. | True  False |
| Sleep apnoea. | True  False |
| Clinically significant lymphadenopathy. | True  False |
| Other established medical disorders known to cause fatigue. | True  False |
| Psychiatric conditions e.g. melancholic depression, bipolar disorder or psychosis. | True  False |
| Eating disorders, anorexia, bulimia or severe obesity. | True  False |
| Alcohol or other substance abuse within two years before the onset of chronic fatigue or at any time afterwards. | True  False |
| Medication or other reversible causes of fatigue. | True  False |

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| **Severity of ME/CFS (see criteria below, as per NG206)** |
| **Mild**  **Moderate**  **Severe**  **Very** **severe** |

**Mild ME/CFS**

People with mild ME/CFS care for themselves and do some light domestic tasks (sometimes needing support) but may have difficulties with mobility. Most are still working or in education, but to do this they have probably stopped all leisure and social pursuits. They often have reduced hours, take days off and use the weekend to cope with the rest of the week.

**Moderate ME/CFS**

People with moderate ME/CFS 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 or education, and need rest periods, often resting in the afternoon for one or two hours. Their sleep at night is generally poor quality and disturbed.

**Severe ME/CFS**

People with severe ME/CFS are unable to do any activity for themselves or can carry out minimal daily tasks only (such as face washing or cleaning teeth). They have severe cognitive difficulties and may depend on a wheelchair for mobility. They are often unable to leave the house or have a severe and prolonged after-effect if they do so. They may also spend most of their time in bed and are often extremely sensitive to light and sound.

**Very severe ME/CFS**

People with very severe ME/CFS are in bed all day and dependent on care. They need help with personal hygiene and eating, and are very sensitive to sensory stimuli. Some people may not be able to swallow and may need to be tube fed.

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| **Investigation protocol:** | | | | | |
| **Blood tests to be carried out at referral – please tick to indicate that these investigations have been done and the results are within normal limits.** Referrals will not be accepted if the following are not completed. Should results be abnormal please give values or attach print-out. | | | | | |
| Urinalysis for protein blood and glucose |  | Erythrocyte sedimentation rate or plasma viscosity |  | Creatinine kinase |  |
| Full blood count |  | C-reactive protein |  | Thyroid function |  |
| Urea and electrolytes |  | Hba1c |  | Serum calcium |  |
| Liver function |  | Screening tests for gluten sensitivity |  | Serum creatinine |  |

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| **Past medical history and other relevant physical/social problems:** |
| Please complete or attach summaries/reports of relevant past medical history and include current specialists’/social care workers’ names and contact details. |
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| **Past psychiatric history:** |
| Please complete or attach summaries/reports of relevant past psychiatric history and include current mental health worker’s name and contact details. |
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| **Current medication and known allergies:** |
| Please complete or attach print-out of current medication and known allergies. |
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| **Any known risks/vulnerability:** |
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| **Employment/education position:** |
| Please give details of type of work/studies undertaken: |
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| **Name and signature of referrer:** | |
| **Name:** |  |
| **Signature:** |  |
| **Designation:** |  |
| **Date:** |  |

**Please return to:**

**Kent and Medway ME/CFS service**

Neuropsychology Medway Admin Hub

Disablement Services Centre

Medway Maritime Hospital

Gillingham, Kent ME7 5NY

Telephone: 01634 833937

Email: [kamnascpt.neuropsych@nhs.net](mailto:kamnascpt.neuropsych@nhs.net)

Website: [www.kmpt.nhs.uk/mecfs](https://www.kmpt.nhs.uk/mecfs)

For further details about how your personal data is managed by the organisation please visit <https://www.kmpt.nhs.uk/about-us/confidentiality-and-gdpr/>

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Chief Executive – Sheila Stenson