

## Referral Form CPFT Chronic Fatigue Syndrome / Myalgic Encephalomyelitis Service (CFS/ME) for Adults

CFS/ME Service  
1 Commerce Road  
Lynch Wood  
Peterborough  
PE2 6LR

***Please note: Failure to include all  
Information required may result in  
your referral being rejected.***

Tel: 0330 7260077

Email:  
[cpm-tr.cfsme@nhs.net](mailto:cpm-tr.cfsme@nhs.net)

**Please note: We can only accept referrals with a GP/Consultant diagnosis of CFS/ME which has been made after appropriate investigations and exclusion of other possible causes as per NICE guidance. It is also necessary to exclude severe psychiatric illness as a cause.**

Patients Full Name	Patients Title
Patients Address	
Postcode	Date of Birth
Telephone Number	Mobile Number:
NHS Number:	Preferred Language
Patients GP	Practice Code
Surgery Address	
	Postcode
Telephone Number:	Fax Number:
Consent to sharing data in <input type="checkbox"/> <span style="margin-left: 200px;">Consent to sharing data out <input type="checkbox"/></span> (Please confirm if the patient provides verbal consent to share data in / out in line with EDSM policy)	
<b>Reason for Referral, please indicate all that apply and include any relevant medical or psychiatric history.</b>	
Assessment and confirmation of diagnosis	Yes / No
Management advice	Yes / No
Therapy input	Yes / No
Re-Referral	Yes / No
Other CFS / ME Team	Yes / No



<b>Blood Tests (All required): Please confirm all bloods have been taken and abnormal results investigated.</b>		
<b>Test</b>	<b>Yes (Date Taken)</b>	<b>No</b>
Full Blood Count		
Cell Morphology		
Erythrocyte sedimentation rate (ESR)		
C-reactive protein (CRP)		
Urea and Electrolyte's (U & E's)		
Liver Function Tests (LFT's) including Gamma GT		
Creatinine phosphokinase (CPK)		
Protein Electrophoresis		
Thyroid Function tests (TFT's)		
B12		
Folate		
Iron / Ferritin		
Coeliac screen test		
Random Sugar dip test		
Serum Calcium		

<b>Please list any current medications and treatment</b>

**DISCLAIMER:**

I confirm that I have undertaken all the physical investigations, including blood tests as recommended in NICE guidance, to exclude reasonable other causes of this presentation. My clinical opinion is that the patient meets the criteria for Chronic Fatigue Syndrome ([www.nice.org.uk/guidance/cg53](http://www.nice.org.uk/guidance/cg53)). I am aware that any confirmation of a CFS/ME diagnosis is on the understanding that the above has been completed. I am aware that the CFS/ME service does not have medical input and is a therapy led service.

Signed by GP/Referring Clinician:.....

*(Electronic signatures accepted)*

Print Name: .....

Date:.....

## Referral Process and Criteria for the Adult CFS / ME Service

### INCLUSION criteria

- **Unexplained** abnormal or intrusive fatigue persisting for **4 months** in an adult. In 75% of patients the onset of the illness is associated with failure to recover from an infection.
- Patients should fulfil the CDC criteria (Fukada et al 1994). The requirements is at least 4 of the following 8 symptoms be present:
  - **Impairment of memory and concentration**
  - **Recurrent sore throats**
  - **Cervical / axillary lymphadenopathy – often reported but less often detected on examination**
  - **Muscle pain**
  - **Multi joint pain**
  - **New headaches**
  - **Unrefreshing sleep**
  - **Post exertional malaise**

Occasionally less than 4 symptoms are present but the history of the illness may suggest that this is the most appropriate diagnosis.

- Basic screening bloods should be carried out and the results sent with the referral form. The tests must include all those listed below
  - Full blood count
  - Cell Morphology
  - ESR
  - CRP
  - U and E's
  - LFT's including Gamma GT
  - CPK
  - Protein electrophoresis
  - TFT's including auto immune screen to exclude SLE
  - B12
  - Folate
  - Iron / Ferritin
  - Coeliac screen
  - Random Sugar dip test
  - Serum Calcium

## EXCLUSION criteria

- The presence of any physical illness that might explain the degree of fatigue and symptomatology.

**“Exclude ACTIVE disease processes that explain most of the major symptoms of fatigue, sleep disturbance, pain and cognitive dysfunction. It is essential to exclude certain diseases, which would be tragic to miss: Addison’s disease, Cushings Syndrome, hypothyroidism, hyperthyroidism, and iron deficiency, other treatable forms of anaemia, iron overload syndrome, diabetes mellitus and cancer. It is also essential to exclude treatable sleep disorders such as upper airway resistance syndrome and obstructive or central sleep apnoea; rheumatological disorders such as rheumatoid arthritis, lupus, polymyositis and polymyalgia, rheumatica; immune disorders such as AIDS; neurological disorders such as multiple sclerosis (MS), Parkinson’s, myasthenia gravis and B12 deficiency; infectious diseases such as tuberculosis, chronic hepatitis, Lyme disease, etc; primary psychiatric disorders and substance abuse”.**

*Myalgic Encephalomyelitis / Chronic Fatigue Syndrome: A Clinical case definition for Medical Practitioners. Carruthers B M et al. 2003*

- **It is necessary to exclude severe psychiatric illness as a cause**, although it can develop in patients with CFS / ME.
- Appropriate referrals should be sent to:

**CFS / ME Service  
Administration Hub  
1 Commerce Road  
Lynch Wood  
Peterborough  
PE2 6LR**

## Notes:

- Infection is commonly viral but any infection has the potential to cause CFS / ME. The onset may be sudden following one infection or gradual following repeated infections. In few patients mild debility following a viral infection some years previously (especially glandular fever) can result in a reoccurrence of fatigue following a more recent mild infection or stress.
- In a minority of patients the cause of the illness can be complex.
- Sufferers often have a wide variety of neurological, immunological and other symptoms. **The symptoms should have been present for 4 months.** However early referral is preferred. If an individual who has had simple post viral fatigue and is not making progress at 4 months referral to the service can be considered.

## Referral Pathway

- Appropriately referred patients will be accepted and sent a pre clinic questionnaire and a service leaflet. The pre clinic questionnaire is to be returned within 6 weeks. If no pre clinic questionnaire received after 6 weeks the patient will be referred back to the GP.
- On receipt of the completed PCQ form the patient will be placed on the waiting list, and an appointment will be sent out along with minimum data set forms which need completing and bringing with them to their clinic appointment. All patients will be seen within 18 weeks from the date the referral is received.
- Follow ups with the Nurse Specialist will not be automatic but decided on by patient need and their treatment plan.

## Treatment Pathway

- Initial assessment and diagnosis.
- Minimum of two further appointments with the therapy team, either face to face or email and telephone. Treatment programme provided as per NICE guidelines.
- Availability of the team for further advice.
- Transfer care back to GP after management interventions within the service.
- Patient can re-refer themselves back to the CFS/ME Service, 6 months after discharge if required.

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