**Birmingham Chronic Fatigue Service**

Dear colleague,

Thank you for referring this patient to our Chronic Fatigue Service. Due to unprecedented demand, we are currently experiencing significant delays in offering diagnostic appointments to new patients. We would therefore be very grateful if you could use this form to help you establish a diagnosis of chronic fatigue syndrome (CFS) in Primary Care, as per NICE guidance [NG206]. Once a diagnosis is established, referrals can be directly allocated to our treatment pathways with shorter waiting times.

We have set up an email advice & guidance pathway to support you during this process; please find details below.

If you are not comfortable with establishing a diagnosis of CFS after completing this instrument, we will do our best to see your patient as soon as possible for a diagnostic assessment. We will use the information on this form to speed up this process, so thank you for taking the time to complete it.

1) Does this person have an established diagnosis of chronic fatigue syndrome (CFS) or myalgic encephalomyelitis (ME)? 🞏 Yes 🞏 No

*If* ***Yes****, please include copies of the relevant clinical correspondence detailing the diagnosis, if available. You can now complete the referral. We will allocate your patient to one of our treatment pathways.*

*If* ***No****, please continue to steps 2 to 5.*

2) Is this person presenting with (please check all the appropriate boxes):

🞏 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.

🞏 Exacerbation of symptoms following activity or exercise that is disproportionate to the activity and has a prolonged recovery time that may last hours, days, weeks or longer.

🞏 Unrefreshing or disturbed sleep.

🞏 Cognitive difficulties, sometimes described as “brain fog.”

3) The symptoms mentioned above (please check all the appropriate boxes):

🞏 Have been present for >3 months.

🞏 Resulted in significant reduction in occupational, educational, social, or personal activities, compared to pre‑illness levels.

🞏 Are not better explained by other illnesses/conditions.

4)The following investigations have been carried out after symptom onset, and the results are within the normal range:

🞏 Complete blood count

🞏 Erythrocyte sedimentation rate + c-reactive protein

🞏 Ferritin

🞏 Vitamin B12 + folic acid

🞏 HbA1c

🞏 Liver function tests

🞏 Kidney function tests

🞏 Thyroid function tests

🞏 Creatine phosphokinase

🞏 Urinalysis for protein, blood and glucose

5) Depending on the presentation, we would recommend the following investigations:

🞏 Screen for connective tissue diseases (ANA, anti-CCP) if arthralgia or myalgia are prominent.

🞏 Screen for coeliac disease (anti-tTg) if any irritable bowel-type symptoms are present. If diarrhoea is prominent, consider requesting faecal calprotectin.

🞏 Screen for adrenal insufficiency (morning cortisol or ACTH challenge test) if weight loss, gastrointestinal complaints, or postural hypotension are present.

🞏 Serology for infectious diseases (Lyme disease, HIV, hepatitis B/C, TB) if there are risk factors for exposure.

🞏 Cardiovascular exams (ECG, echocardiogram, tilt test) if there is a history of chest pain, frequent palpitations, history of faints, or orthostatic intolerance.

🞏 Neurology tests (brain MRI) if multiple sclerosis is considered possible.

🞏 Sleep studies if there is prominent daytime somnolence.

If you:

* Checked all the boxes in steps 2 and 3.
* Completed all investigations in step 4 and results were normal.
* Completed all relevant additional investigations in step 5 and results were normal.
* **Included a copy of full blood count.**

Then your patient is likely to have CFS.

Are you happy to establish a diagnosis of CFS in Primary Care? 🞏 Yes 🞏 No

*If* ***Yes****, you can now complete the referral. We will allocate your patient to one of our treatment pathways.*

*If* ***No****, please continue to step 6.*

6) If you are uncertain about interpreting signs and symptoms of chronic fatigue, whether further investigations are needed, or if a referral would be appropriate, please send your queries to cfsenquiries@bsmhft.nhs.uk along with a brief summary of the case and all relevant investigations done so far. Our consultant will be happy to advise and guide. Emails are monitored weekly, usually on Mondays.

If you are not happy with engaging with advice & guidance as set out above and would like your patient to be seen for a diagnostic appointment, please simply return this form along with results of all relevant investigations. We will aim to see your patient as soon as possible.

Thank you for your time and cooperation.

Yours Sincerely

*Electronically Verified*

**Jackie Robinsonson**

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