Humber Teaching NHS Foundation Trust

REFERRAL PATHWAY TO THE HULL & EAST YORKSHIRE CHRONIC FATIGUE SERVICE

Are you a GP or Consultant?

YES

What age is the patient?

Aged 16-18

YES

In full time education

YES

Refer to CAMHS

NO

Over 18

YES

BOX A

Is the patient's fatigue debilitating and persistent and: (please tick)

- D Medically unexplained (not caused by conditions such as inflammation or chronic disease)
- D Onset of at least 6 months' duration
- D Causing a substantial reduction in occupational, educational, social or personal activities

NO

Not suitable for the CFS service

BOX B

Please tick the patient's symptoms in addition to fatigue:

- D Self-reported problems with short-term memory or concentration
- D Frequent sore throat
- D Tender cervical or axillary glands
- D Muscle pain
- D Headaches of new type, pattern or severity
- D Unrefreshing sleep
- D Post-exertional malaise lasting more than 24 hours
- D Multi-joint pain without swelling or redness

Are there at least 3 ticks in BOX B?

NO

YES

Have you excluded the following? (Please tick)

- D Established medical disorders known to cause chronic fatigue with appropriate blood tests.
- D Major depressive illness with psychotic features (but not anxiety states, Somatisation disorder or non-psychotic depression)
- D Any medication which causes fatigue as a side-effect
- D Eating disorders, anorexia, bulimia or severe obesity

NO

Evidence suggests that organic or psychiatric causes may be a more likely cause. Please investigate further.

YES

REFER PATIENT TO CHRONIC FATIGUE SERVICE

To enable a referral to be processed, please complete the CFS Referral Form in full.

If relevant requested information is not included the Referral Form will be returned to you to be completed.