**Myalgic Encephalomyelitis / Chronic Fatigue Syndrome Referral Form for Adults Patients from the BNSSG ICB area only**

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| --- | --- | --- | --- |
| **Patient Name** |  | **Surname** |  |
| **Address** **Post Code** |  |
| **Date of Birth** |  | **NHS Number** |  |

**Criteria for Referral to Access Treatment**

The Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome referral for Adults Policy is available via [Remedy](https://remedy.bnssg.icb.nhs.uk/adults/pain-management-and-mecfs/mecfs/).

In order to refer a patient for assessment and/or treatment by the Bristol M.E. Service (previously the Bristol CFS/ME Service), answers to the questions below must be “Yes”.

If the criteria cannot be fulfilled, the patient would not qualify for routinely funded ME/CFS assessment and/or treatment, and funding approval must therefore be secured from the Individual Funding Request (IFR) Panel prior to referral. A copy of this form should be completed and forwarded on with an IFR application.

Please note referral to alternative providers or services for ME/CFS, which are not commissioned by the NHS in line with this policy, is not routinely funded.

Exclusions:

* Domiciliary ME/CFS therapy is not routinely funded; a specific Individual Funding Request would be required to agree domiciliary visits
* Inpatient ME/CFS therapy is not routinely commissioned from the local NHS Trusts

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| The patient’s symptoms have lasted more than three months, with **ALL** the following features: | Please tick |
| 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. |[ ]
| 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
 |[ ]
| 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
 |[ ]
| 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. |[ ]
| A physical examination and a blood screen have failed to find any abnormalities (or abnormalities can be explained) |[ ]
| There is no major psychiatric illness with psychotic or manic features |[ ]
| The patient is not receiving concurrent rehabilitation from another service |[ ]
| The patient is not currently undergoing any ongoing medical investigation. (Please note that by making this referral it is assumed that all other potential pathologies have been excluded prior to making this referral. This referral cannot be made at the same time as any other pathology referrals) |[ ]

**Referral Summary**

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| **Further information detailing patient’s presenting symptoms** |

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| **Patient Medical History (Consultations, Lab Results, Medication etc.)** |

**If criteria above are met then please also include the additional information below in order for a referral to be accepted by the M.E./CFS service.**

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| Investigation checklist |
| * Test results for patients with M.E./CFS should be normal: **please comment on any abnormalities.**
* Please ensure that the required blood tests have been completed within the **past year**.
* Severn Pathology have introduced a streamlined screening request system, and it is available on ICE as a profile called CFS/ME. Using this profile will ensure all these blood tests are done.
* Please attach a printout of these results if referring from outside BNSSG.

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| Full blood count |  |
| C-reactive protein |  |
| Urea and electrolytes including potassium |  |
| Liver function tests |  |
| Calcium |  |
| Creatine kinase |  |
| Thyroid function |  |
| Coeliac screen (e.g. IgA endomysial or tissue transglutaminase autoantibodies) |  |
| HbA1C or alternative blood glucose measure |  |

The history may suggest the need for other tests (e.g. ANA, Lyme serology) but in the absence of a suggestive history, no further tests are mandatory.

**Please confirm:**

[ ]  **I recommend proceeding to an assessment and/or treatment by Bristol M.E. Service for this patient.**

[ ]  **I have informed the patient that this intervention is only funded where criteria are met.**

[ ]  **I have provided a summary of my patient’s clinical history, and other clinical information as appropriate.**

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| **Signed:** |  | **Name:** |  |
| **Date:** |  | **Practice Address** |  |

**This form should now be sent to the Bristol M.E. Service for consideration.**

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| CATEGORY | VERSION | CATEGORY | VERSION | CATEGORY | VERSION |
| *Bristol* | *Criteria Based Access* | *12.2022* | *North Somerset* | *Criteria Based Access* | *12.2022* | *South Gloucestershire* | *Criteria Based Access* | *12.2022* |