**Patient details: Referrers Details**

Name (include name, practice or clinic,

 phone number)

Address

CHI

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Confirm**  | **Comment** |
| Meets criteria for ME-CFS diagnosis in accordance with the [ME-CFS Primary Care Management page](https://apps.nhslothian.scot/refhelp/guidelines/rehabilitation/chronicfatiguesyndromeme/) |  |  |
| **EITHER:****Patient has been given and accepted diagnosis of ME-CFS by GP or specialist,** **OR:****Patients’ symptoms of fatigue have occurred following probable or confirmed Covid-19 infection.** |  |  |
|  |  |
| **Primary presenting symptom is fatigue**. (Where pain is primary symptom consider Lothian Chronic Pain Management Service). |  |  |
| **Patient is not suffering from major depressive disorder or other significant psychiatric condition**. (If so, consider initial mental health management |  |  |
| PHQ-9 Score and Date. |  |  |
| Patient does not have BMI>40. (If so consider referral to weight management services). |  |  |
| All the necessary blood tests outlined on the [Primary Care Management page](https://apps.nhslothian.scot/refhelp/guidelines/rehabilitation/chronicfatiguesyndromeme/), including Coeliac, HIV, HCV, Anti-mitochondrial antibodies (even where LFTs normal) and Lyme serology (where appropriate).**All blood results must be within last 12 months.** |  |  |
| **Confirmation that test results are within normal limits.**  |  |  |
| All other investigations indicated according to patient/clinical circumstances completed/listed. |  |  |
| Erect/Supine Blood Pressure and Pulse Rate (to exclude significant postural hypotension / hypoadrenalism). |  |  |
| Patient aware that the service is a rehabilitative one and that **no further tests, investigations or onward referrals** will be forthcoming. |  |  |
| Patient is not undergoing ongoing investigations or concurrent rehabilitation with another service. |  |  |
| Patient does not have a history of failed rehab specific to ME-CFS (unless there are specific reasons to re-consider – please comment). |  |  |
| Patient can attend the Clinic or manage 45-minute virtual consultations (Consider referral to Physiotherapy/OT services if unable to engage). |  |  |
| Patient is aware of the service parameters and is open-minded about referral given these conditions. |  |  |

**Please return the completed referral form by email to:**

**ME.CFSrehabreferral@nhslothian.scot.nhs.uk**