|  |  |
| --- | --- |
| Patient name and address |  |
| Date of Birth |  |
| NHS Number |  |

|  |  |
| --- | --- |
| 3+ months fatigue (not lifelong) | Yes/no |
| Post exertional malaise after activity, often delayed onset, prolonged recovery | Yes/no |
| Unrefreshing and/or disturbed sleep | Yes/no |
| Cognitive difficulties e.g. impaired memory or concentration | Yes/no |

|  |  |
| --- | --- |
| Investigation checklist | |
| * The following test results are required in addition to a **referral letter** detailing the patient’s medical and social history and reason for referral. * Test results for patients with M.E./CFS should be normal: **please comment on any abnormalities** that can be explained. * 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. | |
| Full blood count |  |
| Inflammatory screen: C-reactive protein, PV or ESR |  |
| 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 |  |