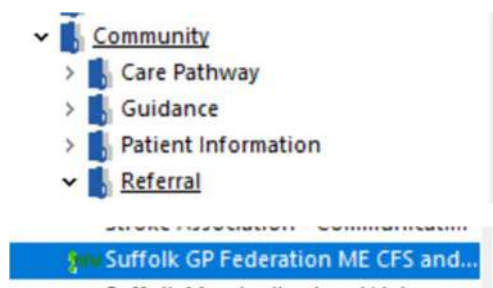


For Suffolk practices (DXS)

Form Name – Suffolk GP Federation ME CFS and Long Covid Service

Form Ref – SUF2189

Folder Location – Community - Referral



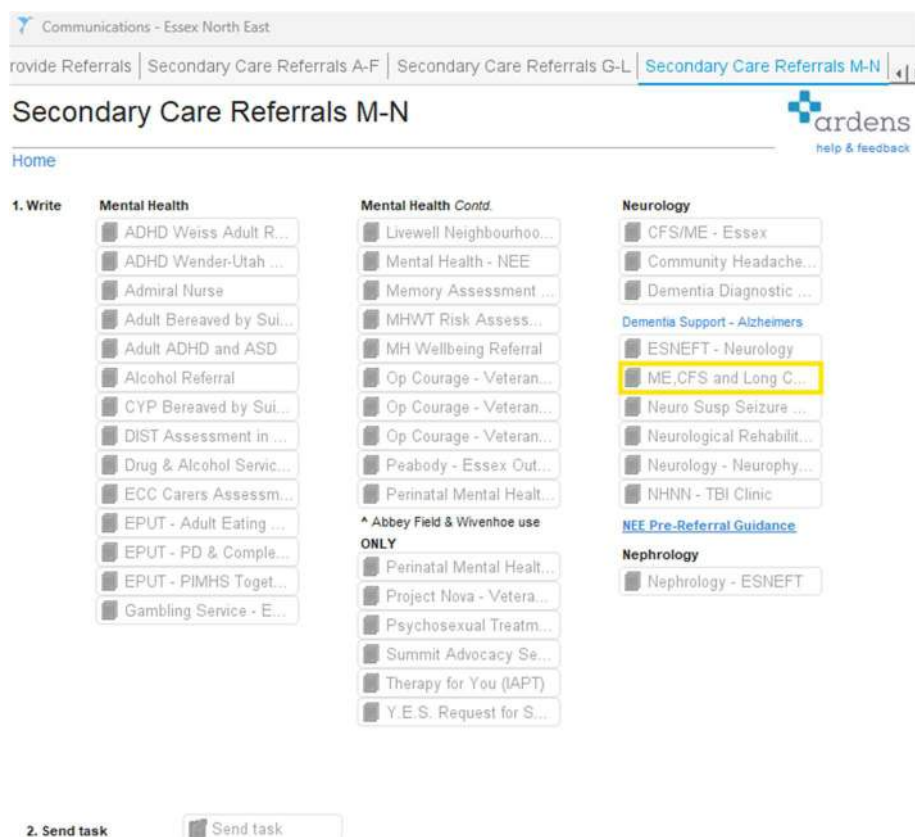
For North East Essex practices (Ardens)

SystemOne

Form Name – NEE2136 – ME, CFS and Long Covid Referral Form

Form Ref – NEE2136

Folder Location – Secondary Care Referrals M-N - Neurology



EMIS

Form Name – Suffolk GP Federation ME CFS and Long Covid Service Form

Form Ref – NEE2136

Folder Location – COVID-19

Multiple Choice Question

North East Essex Local Referral Form Launcher:

Please select:

- [2WW](#)
- [Audiology](#)
- [Breast](#)
- [Cardiology](#)
- [Community](#)
- [COVID-19](#)
- [Dermatology](#)
- [Diabetes](#)
- [Dietetics](#)
- [Endocrinology](#)
- [ENT](#)
- [Fertility](#)
- [Gastroenterology](#)
- [General and Colorectal](#)
- [Gynaecology](#)

Multiple Choice Question

Please select:

- [Authorisation for Administration of Medication for End of Life ...](#)
- [COVID-19 Emergency Response -My Social Prescription Extern...](#)
- [Info - At Risk Patient Letter COVID-19](#)
- [Ref - Covid-19 Yorkshire Rehabilitation Screening Tool](#)
- [Ref - NEE - Generic Referral Form for use during COVID 19 Ou...](#)
- [Ref - NEE Authorisation Template for Administration for End o...](#)
- [Ref - PPG - SNEE - Community Access to Covid-19 Treatment...](#)
- [Ref - SNEE - COVID-19 Hospital Vaccination Referral Form - All...](#)
- [Ref - Suffolk GP Federation ME CFS and Long COVID Service ...](#)
- [Ref - Suspected COVID 19 Referral & Assessment Form](#)
- [Back](#)
- [End](#)