

CONFIDENTIAL - PATIENT IDENTIFIABLE INFORMATION

Referral to the Suffolk GP Federation ME, CFS and Long COVID Service

This form is for use by General Practitioners and other authorised referrers within the Suffolk and North East Essex Integrated Care System (SNEE ICS). Please complete all sections to avoid delays in processing. This form is designed to be completed electronically.

Patient must be 16 years old and over, if the patient is younger than 18 years old please specify the age.

Service Contact Details:

Suffolk GP Federation, Riverside Clinic, 2 Landseer Road, Ipswich, IP3 0AZ

Email: sgpfed.MECFSLC@nhs.net

Telephone: 01473 372 942

Section 1: Administrative and Patient Details

Patient Details	Referrer Details
Surname:	Referrer Name:
Forename(s):	Role:
Date of Birth:	Practice Name and Address:
Please specify age if the patient is under 18 years old:	
NHS Number:	Practice Code:
Address:	Referrer Email:
Telephone (Day):	Referrer Telephone:
Telephone (Mobile):	Date of Referral:
Patient happy for message to be left? ☐ Yes ☐ No	
Patient Email Address:	

Patient Communication and Accessibility Needs

Patient's preferred method of communication:	☐ Telephone ☐ Email ☐ Letter
Does the patient have any specific communication needs? (e.g., interpreter required, large print, email-only)	☐ No ☐ Yes, please specify:
Is the patient likely to require a home visit for assessment due to severity of symptoms?	☐ No ☐ Yes ☐ Unsure, to be determined by service
Does the patient consent to this referral and the sharing of their clinical information with the ME/CFS and Long COVID Service?	☐ Yes

Section 2: Referral Pathway Gateway and Timeline

A. Primary Suspected Diagnosis

(Mandatory - Select ONE or BOTH) and reason for referral.

Based on the clinical history, what is the primary working diagnosis for this referral? This will determine which criteria in Section 3 to complete.

☐ Suspected Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	Symptoms have persisted for more than 3 months , and the four core NICE criteria (including Post-Exertional Malaise) are met. Proceed to Section 3A.
☐ Suspected Post-COVID-19 Syndrome (Long COVID)	Symptoms have persisted for more than 12 weeks following a suspected or confirmed COVID-19 infection. Proceed to Section 3B.

Why are you referring this patient today? What do you hope to get from this referral?

B. Symptom Timeline (Mandatory)

- Duration of symptoms (or of COVID-19 infection that led to symptoms – symptoms must have been present for at least 3 months)
- ___Years ___Months

Section 3: Core Diagnostic Criteria and Symptom Profile

Part A: ME/CFS Diagnostic Criteria (Complete ONLY if ME/CFS is suspected or confirmed)

As per NICE Guideline NG206, a diagnosis of ME/CFS requires ALL FOUR of the following criteria to be met. Please confirm the presence of each.

1. ☐ Debilitating Fatigue: _____
2. ☐ Post-Exertional Malaise (PEM): _____
3. ☐ Unrefreshing Sleep or Sleep Disturbance: _____
4. ☐ Cognitive Difficulties (often described as 'brain fog'): _____

Part B: Long-COVID criteria (Complete ONLY if Long-COVID is suspected or confirmed)

1. ☐ Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis

Part C: For all referrals

- ☐ Substantial reduction in ability to carry out activities previously well tolerated

Has the patient been previously treated at ME/CFS or Long-COVID service? (If yes, please explain why they need a re-referral)

- ☐ Yes ☐ No

How certain are you of the diagnosis?

- ☐ Specialist diagnosis
- ☐ GP diagnosis
- ☐ Suspected
- ☐ Unsure

Severity assessment (Please see guidance [below](#))

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

Section 4: Mandatory Pre-Referral Investigations and Clinical Information

A. Mandatory Investigations Checklist

Please confirm the following investigations have been completed within the last 6 months and that results are attached/pasted below. Any omissions will result in the referral being returned.

Investigation	Confirmed Done and Results Attached	Comments on any abnormalities
Full Blood Count	☐	
Urea and Electrolytes	☐	
Liver Function Tests	☐	
Thyroid Function Tests (TSH)	☐	
HbA1c (or fasting glucose?)	☐	
C-Reactive Protein (CRP) or ESR	☐	
Coeliac Screen (IgA tissue transglutaminase)	☐	
Creatine Kinase (CK)	☐	
Bone Profile	☐	
Serum Ferritin	☐	
Urinalysis (for protein, blood, glucose)	☐	
Morning cortisol	☐	
Required if Respiratory Symptoms are present		
Resting Oxygen Saturation : _____ %	☐ N/A ☐ Done	
Chest X-ray (Required only if persistent respiratory symptoms >12 weeks)	☐ N/A ☐ Done	

B. Exclusion Criteria Confirmation (Mandatory)

Please confirm the following to ensure the referral is appropriate.

- ☐ A physical examination has been performed and no alternative explanatory diagnosis was found.
- ☐ Other relevant potential pathologies have been investigated and excluded prior to this referral
- ☐ The patient does not have a primary major psychiatric illness (e.g., with psychotic/manic features) that would better account for the full range of symptoms.
- ☐ The patient is not currently receiving concurrent rehabilitation from another service (e.g., community physio) for ME, CFS and/or Long Covid.

Section 5: Referrer's Confirmation and Shared Decision-Making

By submitting this referral, I confirm that the patient has consented to this referral, an appropriate clinical assessment has been performed to exclude alternative diagnoses, and initial self-management advice has been provided in line with NICE guidance.

Referrer's Name (please type): _____

Date: ____ / ____ / ____

Thank you for your referral.

Medication: *(Auto-populated acute & repeat medication data from the patient record)*

History: *(Auto-populated major history data from the patient record)*

Further Information:

NICE criteria for diagnosis of ME/CFS

Debilitating Fatigue: The patient experiences fatigue that is:

- Profound, persistent, and/or recurrent.
- Worsened by activity.
- Not caused by excessive cognitive, physical, emotional, or social exertion.
- Not significantly relieved by rest.

Post-Exertional Malaise (PEM): The patient experiences a worsening of symptoms after activity that has **ALL** of the following features:

- The worsening of symptoms is often delayed in onset by hours or days.
- The worsening of symptoms is disproportionate to the activity undertaken.
- The recovery time is prolonged, lasting hours, days, weeks, or longer.

Unrefreshing Sleep or Sleep Disturbance: The patient experiences either or both of the following:

- Feeling exhausted, flu-like, and/or stiff upon waking.
- Broken or shallow sleep, an altered sleep pattern, or hypersomnia.

Cognitive Difficulties (often described as 'brain fog'): The patient experiences difficulties such as:

- Problems finding words or numbers.
- Difficulty in speaking.
- Slowed responsiveness, short-term memory problems, and/or difficulty concentrating or multitasking.

Diagnostic criteria for Long-COVID

- Signs and symptoms that develop during or after an infection consistent with COVID-19
- Continue for more than 12 weeks and are not explained by an alternative diagnosis.
- It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.
- Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.
- In addition to the clinical case definitions, the term 'long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post-COVID-19 syndrome (12 weeks or more).

SEVERITY CRITERIA FOR ME/CFS (USE FOR LONG-COVID AS WELL)

Mild ME/CFS

People with mild ME/CFS care for themselves and do some light domestic tasks (sometimes needing support) but may have difficulties with mobility. Most are still working or in education, but to do this they have probably stopped all leisure and social pursuits. They often have reduced hours, take days off and use the weekend to cope with the rest of the week.

Moderate ME/CFS

People with moderate ME/CFS have reduced mobility and are restricted in all activities of daily living, although they may have peaks and troughs in their level of symptoms and ability to do activities. They have usually stopped work or education, and need rest periods, often resting in the afternoon for 1 or 2 hours. Their sleep at night is generally poor quality and disturbed.

Severe ME/CFS

People with severe ME/CFS are unable to do any activity for themselves or can carry out minimal daily tasks only (such as face washing or cleaning teeth). They have severe cognitive difficulties and may depend on a wheelchair for mobility. They are often unable to leave the house or have a severe and prolonged after-effect if they do so. They may also spend most of their time in bed and are often extremely sensitive to light and sound.

Very severe ME/CFS

People with very severe ME/CFS are in bed all day and dependent on care. They need help with personal hygiene and eating, and are very sensitive to sensory stimuli. Some people may not be able to swallow and may need to be tube fed.