Leeds and York Partnership NHS
NHS Foundation Trust

CFS/ME Service Referral Form

Leeds & West Yorkshire CFS/ME Service
Therapy Suite
Newsam Centre
Seacroft Hospital
York Road
Leeds
LS14 6WB
Tel: 0113 8556330 or 8556361
Fax: 0113 8556337
Email: cfsme.lypft@nhs.net
Web: www.leedspft.nhs.uk/our_services/CFS_ME

PATIENT NAME, ADDRESS, DOB AND NHS NUMBER	GP Surgery (Name, Phone number and Address)

Reason for referral / relevant history:

Duration of symptoms

How the symptoms affect the patient's function

Examination Findings:

BMI :

Essential	Desirable
FBC , ESR/CRP	Vitamin D
U&E's, LFT's, Ca+ PO4	
HbA1c	
TFT, Creatine kinase	Ferritin
Urine analysis	
Coeliac screen	

<u> We require results of the following tests carried out within the last 6 months.</u>**

<u>We will not accept referrals where those listed as essential are missing.</u>**

Results should be attached on a separate sheet(s).

Other Relevant Investigations – Please use separate sheets if necessary

Other information:
(Please complete or attach summaries/reports of significant past medical history)

<table>
<tr><td>Other physical problems and co-morbidity
(If relevant please copy the correspondence)</td><td colspan="5">Please advise your patient that we will be requesting correspondence from other specialties which are relevant to their care.</td></tr>
<tr><td>Family History</td><td colspan="5"></td></tr>
<tr><td rowspan="2">Mental health history

(If patient has a mental health history, please attach reports and/or other relevant documentation)</td><td>Current Diagnosis
(Please tick)</td><td>Date of Diagnosis</td><td>Previous Diagnosis</td><td>From</td><td>To</td></tr>
<tr><td>None ☐
Depression ☐
Psychosis ☐
Bi-polar ☐
Anxiety ☐
Other: _____</td><td></td><td>None ☐
Depression ☐
Psychosis ☐
Bi-polar ☐
Anxiety ☐
Other: _____</td><td></td><td></td></tr>
<tr><td colspan="5">Current Mental Health worker name and contact details:</td></tr>
<tr><td>Other relevant history, including therapies and treatments already received for CFS/ME</td><td colspan="5"></td></tr>
<tr><td colspan="6">Please attach printout of current medication.</td></tr>
</table>

Other Relevant Information

If you have any questions about completing this referral, please contact us on 0113 8556330 or 8556361