

## Bath Centre for Fatigue Services

### Specialist Cancer Fatigue Rehabilitation Services Combined Referral Form: For Health Professional or Self-referral

#### Referral Criteria Checklist

Inclusion Criteria		Exclusion Criteria
Active treatments including radiotherapy, chemotherapy and/or surgery for cancer of any type completed	✓	People who require specialist end of life care
May be on long-term hormonal/maintenance treatment	✓	
Cancer appears to be in remission or stable and patient experiencing significant self-reported fatigue	✓	

**Significant fatigue is well-recognised in people affected by cancer, even a long time after treatment and when apparently disease-free. However it's important for health professionals to check for other easily treatable causes. If appropriate prior to referral, please check:**

Thyroid function	Coeliac disease
On-going myelosuppression, anaemia, neutropenia, thrombocytopenia	Oncology related dietetic need
FBC, haematinics	Specific tumour markers to look for possible recurrence
Inflammatory markers	Renal function
Calcium	Fasting glucose

#### Self-Rated Fatigue Scale

Please read the following statement and **indicate the extent of agreement:**

***"I am unable to lead a full life because of my fatigue"***

Please tick one of the following:

<b>0</b> Never True	<b>1</b> Very Rarely True	<b>2</b> Seldom True	<b>3</b> Sometimes True	<b>4</b> Often True	<b>5</b> Almost Always True	<b>6</b> Always True

#### Scores of 0 - 3

Action:

- Direct to/access Macmillan Cancer Support literature regarding fatigue management
- Tell patient about the **Bath Centre for Fatigue Services (BCFS)** in case of future need

**Scores of 4 and above - consider referral to *Bath Centre for Fatigue Services***

Action:

- Direct to/access Macmillan Cancer Support literature regarding fatigue management
- Complete referral form
- Health professional: please use e-referral system
- Patient self-referral: contact BCFS Administrator for details **Telephone 07970 879225 / 07775 818716**

PATIENT DETAILS			
Name:			
Address:			
Postcode:		DOB:	Age:
Home telephone no: Work telephone no: Mobile no:			
GP name and contact details, including telephone no.			

REFERRER DETAILS (only if not self-referred)	
Name and Profession: *	
Surgery/Department:	
Address and Postcode:	
Telephone no:	

Cancer Diagnoses and Relevant Treatments
Additional cancer-related symptoms? <i>(please tick)</i>
Pain: <input type="checkbox"/> Breathlessness: <input type="checkbox"/> Lymphoedema: <input type="checkbox"/>

Past Medical History of Significance			
Chronic Heart Disease		Neurological problems	
Diabetes		Claudication	
Chronic Lung Disease		Hyper/hypotension	
Musculoskeletal problems e.g. OA/RA		Mental health history	
Other			

Current Medication	

**Please attach patient summary/ relevant clinic letters**

Referrer's Signature:	Date: ___/___/___
-----------------------	-------------------

- **Self-Referral:** Please contact BCFS administration team on [07970 879225](tel:07970879225) / [07775 818716](tel:07775818716)
- **Health Professional Referral:** via e-referral system only  
*Search under Rehabilitation, 'not otherwise specified'*

## Specialist Cancer Fatigue Rehabilitation Services

