Royal United Hospitals Bath
NHS Foundation Trust

PAEDIATRIC FATIGUE SERVICE

Patient Details (affix patient label if available)	**Referrer Details:**
Forename(s)	GP
Surname	Practice Address
Address	
Post Code	Post Code
Gender	Telephone
Date of Birth	Email
NHS No.	
Contact Email address	
Contact Telephone Number(s)	

Referral Process and checklist

The Paediatric Specialist Fatigue service provides assessment, diagnosis and treatment for children and young people who have severe and debilitating fatigue.

In order to refer to our service we require the following:

- ☐ A referral letter
- ☐ Copies of relevant reports and assessments
- ☐ Confirm that blood tests have been completed within the past 12 months and are normal
- ☐ A local paediatrician that we can work alongside as we provide treatment or confirmation that a referral has been made to local paediatrics for an initial assessment for any other causes of fatigue
- ☐ Confirmation that the patient has been seen face to face by GP if Paediatrics not available due to age
- ☐ Confirmation that any underlying conditions have been treated for at least 3 months
- ☐ Details of all agencies involved

Please note that if you require a pain specific intervention, please refer to your local pain clinic or to The Bath Centre for Pain services (www.bathcentreforpainservices.nhs.uk) depending on need and local resources

Referral information

Attached reports/assessments - Please list

Name of local paediatrician

Other agencies/professionals involved

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The following blood tests must have been carried out within the last 12 months. We do not need copies of blood tests, but we do need confirmation that all bloods are normal and if not, what action has been taken

Blood Tests:	**Date of Blood Test**	**Confirmation of result within normal limits**
Full Blood Count	☐	☐
PV or ESR	☐	☐
C-reactive protein	☐	☐
Urea, Creatinine and electrolytes	☐	☐
Thyroid Function (TSH + Free T4)	☐	☐
Creatine Kinase	☐	☐
Coeliac Screen (TTG)	☐	☐
Ferritin	☐	☐
Liver Function Tests	☐	☐
Random Blood Glucose	☐	☐
Calcium	☐	☐
Vitamin D if patient housebound	☐	☐

Height (cm)		Weight (Kg)		Date	

If you have any questions or would like to discuss a referral, please contact ruh-tr.paedscfsme@nhs.net or call 01225 821340
To ensure that we can act on your referral promptly, please check that you have included all relevant information before sending.

Signed (referrer):	**Print name:**
Date (dd/mm/yy):	**Profession:**

This record forms part of a legal document. It must be signed, dated, legible, and filed within the clinical notes section of the patient's main records.