

Checklist for patients with medically-unexplained chronic fatigue

Thank you for referring to the UNSW Fatigue Clinic. As you know the Clinic is a multi-disciplinary clinical service providing cognitive-behavioural therapy including graded exercise for patients with medically-unexplained chronic fatigue (chronic fatigue syndrome, post-viral fatigue syndrome, post-cancer fatigue). The treatment is provided by exercise physiologists and clinical psychologists who are dependent on you to ensure that there is no medical explanation for the fatigue state after careful history, physical examination, and laboratory investigation. If there are unresolved medical conditions (e.g., thyroid disease; primary sleep disorder, such as sleep apnoea, cancer recurrence) the Fatigue Clinic intervention will be ineffective. If fibromyalgia is the primary complaint, please note that principal focus of the clinic is management of fatigue (rather than pain). Accordingly, we ask that you ensure that pain is optimally managed prior to beginning treatment at the Clinic. Similarly, if there is a psychiatric condition which would be best managed with medication (e.g., anti-depressant medication for severe depression), this is best undertaken prior to attendance at the Clinic.

We would appreciate if you could complete the attached checklist to verify that the appropriate investigations have been undertaken, the provisional diagnosis is clear and that the management issues (as above) have been resolved. Once we have received this form we will make a booking for your patient.

| Patient name: | |
|--|------|
| Please confirm that your patient with chronic fatigue has: | Tick |
| 1. No significant findings on history to explain the illness | |
| 2. No significant findings on physical examination to explain the illness | |
| 4. No primary sleep disorder to explain the illness | |
| Please confirm that you patient has negative or normal results of the following investigations (or that abnormalities found have no relevance to the illness): | Tick |
| 5. Full blood count and differential white cell count | |



| Please provide your fax number: | |
|--|-------------|
| If yes, please provide Argus address: | |
| Does your practice use Argus? | Yes No |
| If yes, please provide your health link profile: | |
| Does your practice use Healthlink? | Yes No |
| Preferred communication approach for feedback from the Clinic to ye | ou: |
| 12.The provisional diagnosis is a chronic fatigue syndrome | |
| Please confirm that the major symptom complaint is fatigue and the there are no findings on history, examination or laboratory investigation (as above) to provide an explanation for the illness. | nat Tick |
| 11. Thyroid function tests | |
| 10. Liver function tests | |
| 9. Random or fasting blood sugar | |
| 8. Calcium and magnesium | |
| 7. Urea, electrolytes, and creatinine | |
| 6. Markers of Inflammation: ESR or CRP | |