**Checklist for patients with medically-unexplained fatigue**

***Patient name: . .***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please confirm that your patient with chronic fatigue has:* | *Tick or Cross* | | | |
| 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 | | | |  |
| *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 or Cross* | | |
| 5. Full blood count and differential white cell count | |  | | |
| 6. Markers of inflammation: ESR or CRP | |  | | |
| 7. Urea, electrolytes, and creatinine | |  | | |
| 8. Calcium and magnesium | |  | | |
| 9. Random or fasting blood sugar | |  | | |
| 10. Liver function tests | |  | | |
| 11. Thyroid function tests | |  | | |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_