



GP checklist for patients with medically-unexplained chronic fatigue

Thank you for referring your patient to the UNSW Fatigue Clinic. As you know the Clinic is a multi-disciplinary clinical service providing physical and cognitive-behavioural therapies for patients with medically-unexplained chronic fatigue (chronic fatigue syndrome, post-viral fatigue syndrome, post-cancer fatigue, Long COVID). The treatment is provided by exercise physiologists and clinical psychologists who are dependent on you to ensure that there is no alternative medical psychiatric explanation for the fatigue state after careful history, physical examination, mental health assessment, and laboratory investigation.

OTHER MEDICAL CONDITIONS: If there are untreated medical conditions (e.g., thyroid disease; primary sleep disorder, such as sleep apnoea; significant anaemia; cancer recurrence) the Fatigue Clinic intervention will be ineffective.

PAIN: 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 with non-pharmacological and/or pharmacological interventions prior to beginning treatment at the Clinic.

MENTAL HEALTH: 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 of a fatigue syndrome 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 provide an alternative explanation for the illness

2. No significant findings on physical examination to provide an alternative explanation for the illness



3. No primary mental illness/psychological condition to provide an alternative explanation for 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

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

Please confirm that the major symptom complaint is fatigue and that there are no findings on history, examination or laboratory investigation (such as above) to provide an explanation for the illness. **Tick & circle**

Please tick and circle provisional diagnosis

12. The provisional diagnosis is a chronic fatigue syndrome, post-viral fatigue syndrome, post cancer fatigue, Long COVID

Comments: _____

Preferred communication approach for feedback from the Clinic to you:

Does your practice use Healthlink? Yes No

If yes, please provide your health link profile:

Doctor's signature: _____

Date: _____