

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:

0 Never True	1 Very Rarely True	2 Seldom True	3 Sometimes True	4 Often True	5 Almost Always True	6 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 01225 826555**

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? (please tick)
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: ___/___/___
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- **Self-Referral: Please return via postal address or email:**

Bath Centre for Fatigue Services

Bath Centre for Fatigue Services
 RNHRD and Brownsword Therapies Centre (Zone F)
 Royal United Hospital
 Combe Park
 Bath
 BA1 3NG

Email: ruh-tr.RNHRDAdminBCFS@nhs.net

- **Health Professional Referral: via e-referral system only**
Search under Rehabilitation, 'not otherwise specified'

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