

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? <i>(please tick)</i> |
| 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: ___/___/___ |
|-----------------------|-------------------|

- **Self-Referral: Please contact BCFS administration team on 01225 826555**
- **Health Professional Referral: via e-referral system only**
Search under Rehabilitation, 'not otherwise specified'

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