

## SELF-REFERRAL FORM

Salus Fatigue Foundation provides support, advice and education to people affected by CFS/ME. Completion of this form will help us to plan our service to you.

Have you/your family member or friend been given a diagnosis of CFS/ME? <b>YES/NO</b>		If so, when?	
Do you/they have any other related diagnoses or conditions e.g. fibromyalgia? <b>YES/NO</b>		If so, what? <i>(If you are family or friend, what is your relationship to the person?)</i>	
Name:			
Address:			
Post code			
Telephone number	Home		
	Mobile		
Email			
Are you disabled or require assistance? <b>YES/NO</b>		<i>(please state details)</i>	
Do you speak English? <b>YES/NO</b>		<i>Please state preferred language</i>	
Where did you hear about Salus?	Tick	Feedback on NHS Services and ME/CFS/Fibromyalgia	YES NO
GP		Do you visit your GP regularly in relation to ME/CFS/Fibro?	
Other health professional		Do you receive specific advice and support from your GP?	
Website		Have you felt the need to change your GP?	
Community		Are you on a waiting list for any additional NHS services?	
Newspaper/magazine article		Do you attend any additional NHS services?	
Family/friend		Do you take any prescribed medication for your symptoms?	
Other (please give details below):		Comments below:	
<b>GP name</b>		<b>Surgery details</b>	

Please circle one answer per question

Are your daily activities limited due to the symptoms of ME/CFS/Fibromyalgia?	No, not limited at all	Yes, limited a little	Yes, limited a lot		
Are you having problems with your work or other daily activities as a result of any emotional problems (such as feeling depressed or anxious)?	No	Sometimes	Yes		
In general would you say your health is	Excellent	Very good	Good	Fair	Poor

Please tick appropriate box	All of the time	Some of the time	Very rarely	Never
Do you have problems with tiredness?				
Do you need to rest more?				
Do you feel sleepy or drowsy?				
Do you have problems starting things?				
Do you lack energy?				
Do you have less strength in your muscles?				
Do you feel weak?				
Do you have difficulties concentrating?				
Do you make slips of the tongue when speaking?				
Do you find it more difficult to find the right word?				
	Much worse than usual	Worse than usual	No worse than usual	Better than usual
How is your memory?				

All information given on this form will remain confidential, and is subject to the Data Protection Act 1998.