The Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Related Disorders Program

Phone- 410-955-9229 Fax- 410-614-1178

Consult Request Questionnaire

Patient name:_________________________________ Birthdate:_____________
Patient Johns Hopkins MRN (if known): _________________________________
Address:____
Patient phone number:_________________ Alternative # ____________
Patient insurance: ____
Referring provider completing this form: ________________________________
NPI # of referring clinician:____
Patient PCP (if different than referring clinician) __________________________
Phone number for referring clinician: ___________________________________
Fax number for referring clinician: ______________________________________

Check the applicable symptom(s) below:

[ ] New or definite onset fatigue for >6 months
[ ] Functional impairment including limited ability to participate in pre-illness routine activities such as work, school, social life, and/or personal life
[ ] Post-exertional malaise (PEM): Symptoms worsen after physical, mental, or emotional effort that would not have caused a problem before the illness
[ ] Unrefreshing sleep
[ ] Impaired short-term memory or ability to concentrate (brain fog)
[ ] Orthostatic intolerance: Symptoms including lightheadedness and fatigue when upright (sitting or standing) that are improved by laying down
[ ] Pain: Headache, myalgia, arthralgia or neuropathic pain

The precipitating event(s) preceding chronic fatigue symptoms:

[ ] COVID 19

- Date of **all** COVID infections: ________________________
- Did the patient require hospitalization? Are symptoms primarily pulmonary? (if yes, consider referral to JH PACT clinic)

[ ] Other infectious (specify) ____________________________
[ ] Non-Infectious trigger (specify) _________________________
[ ] Gradual without known/specific trigger

The following basic labs are a prerequisite for referrals. These must be within the last 6 months. Please attach the results.

CBC, CMP, Urinalysis, ferritin or iron/transferrin, Vitamin B12, Vitamin D, ESR, CRP, TSH, T4 free, celiac panel (TTG IgA Total IgA)

The following tests are required within the last 24 months.

Echocardiogram
Zio patch (1 week duration)

If the patient has not been seen at a Hopkins facility, please attach the following:

[ ] Most recent clinic notes (last 2-3 clinic notes) related to CFS symptoms
[ ] Current medication list
[ ] A brief summary of the clinical course of illness, including allergies, prior surgeries, and prior medication trials

If available and relevant to current symptoms, please send:

[ ] Relevant Imaging (ie Chest X-ray, Brain, and C spine MRI, abdominal CT)
[ ] Cardiac workup (ie Echo and Cardiac Monitoring)
[ ] Pulmonary function tests
[ ] Sleep Study
[ ] Tilt test

Referral to our program **does not guarantee** that the patient will be scheduled for a visit.
Referrals without required labs and cardiac testing will not be reviewed.

We are currently only accepting new patients who live in Maryland, who are 13 to 25 years of age.

Our clinic does not diagnose or manage complex psychiatric conditions. Patients with such diagnoses require a concurrent psychiatric clinician.

Due to the volume of referrals, we are typically scheduling new patients several months out. We are a referral center and cannot accommodate urgent appointments.

To check list of accepted insurance plans, visit:
https://intranet.insidehopkinsmedicine.org/managed-care/payor-directory.html

Pending specific patient insurance providers, the Maryland Uniformed Consultation Form may be required in addition to this form.

Provider Name: ____
Phone: _______________________ Fax: _______________________

Provider Signature (e-sign acceptable): _______________________
Date: ___________