



**Complex Chronic Diseases Program  
(CCDP) Referral**

PHONE: (604) 875-2061 FAX: (604) 875-3738

SURNAME		FIRST NAME	
PERMANENT ADDRESS			
POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
DATE OF BIRTH DD/Mth/YEAR		AGE	
PHN			

Date of Referral     
DD MM YY

Patient phone number

**We do not accept re-referrals. If the patient has participated in the CCDP previously please call 604-875-2061 or Toll-Free (BC): 1-888-300-3088 ext. 2061 for a provider to provider consult.**

Interpreter required? Yes  No

If yes, what language?

Referring Provider  MSP #  Phone  Fax

Specialty  Primary Care Provider  MSP #

**This referral will be returned if ANY section is left incomplete.**

**Reason for Referral:** it is **MANDATORY** to complete criterion 1, 2 and 3.

- 1 Is the patient 19 years or older and a resident of British Columbia? Y  N
- 2 Diagnosis of ME / CFS (fill criteria on page 2) Y  N   
Symptoms attributed to Lyme disease (fill criteria on page 2) Y  N   
Diagnosis of Fibromyalgia (fill criteria on page 3) Y  N
- 3 Please confirm that you have done full history, physical examination and relevant investigations as part of differential diagnoses and to rule out other conditions explaining the symptoms. Y  N   
*(see table below for possible differential diagnoses)*

Hypothyroidism; Hyperthyroidism	Malignancies	Rheumatoid arthritis	Severe anemia
Heart disease (e.g., heart failure)	Diabetes	Severe COPD or severe respiratory disease(s)	
Multiple sclerosis	Kidney failure	Addison's disease	Cushing's disease
Sleep apnea / narcolepsy	Chronic hepatitis, tuberculosis or other chronic infection(s)		
Substance use disorders (e.g., alcohol use disorder)			
Inflammatory muscle disease; other serious rheumatic disease (e.g., lupus or polymyositis [but not osteoarthritis])			
Parkinson's disease or other serious neurological disease(s) (e.g., myasthenia gravis [except for ME/CFS])			
Psychiatric disorders (e.g., bipolar disorder(s), schizophrenia, major depression, anorexia or bulimia)			

*\*note that some rheumatological and other conditions are often co-morbid with fibromyalgia and would not exclude the diagnosis if symptoms are not fully explained by the other condition and patient meets diagnostic criteria for fibromyalgia*

**DON'T FORGET. .**

Please attach any tests and consultations related to the investigation and management of this patient and to rule out other diagnoses (e.g., Rheumatology, Psychiatry, Infectious Diseases etc.)



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**Meets criteria for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (Institute of Medicine 2015)**

Diagnosis requires the following **THREE** symptoms (*mandatory*):

1.  A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities, that persists for more than 6 months and is accompanied by *fatigue*, which is often profound, is of new or definite onset (not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest
2.  Post-exertional Malaise\*
3.  Unrefreshing Sleep\*

**AND** at least **ONE** of the two following (*mandatory*):

1.  Cognitive Impairment\*
2.  Orthostatic Intolerance

\*Frequency and severity of symptoms should be assessed. The diagnosis of ME/CFS should be questioned if patients do not have these symptoms at least half of the time with moderate, substantial, or severe intensity.

**Meets criteria for Prolonged Debilitating Symptoms Attributed to Lyme Disease**

**Confirmed case**

- Evidence of previous Lyme Disease diagnosis\* **AND** prolonged debilitating symptoms for at least 6 months

**Clinical evidence of illness with laboratory confirmation by one of the following methods:**

- Isolation* and/or *detection* of *Borrelia burgdorferi* (sensu lato) from a *clinical specimen* or DNA by PCR testing on *synovial fluid, cerebrospinal fluid, tissue, blood or biopsy*.
- Laboratory confirmation completed by a Centers for Disease Control and Prevention (CDC) or an equivalent laboratory.

\*please note that the CCDP does **not** treat or manage acute Lyme disease and therefore, the patient would need a referral to Infectious Diseases within the community setting.

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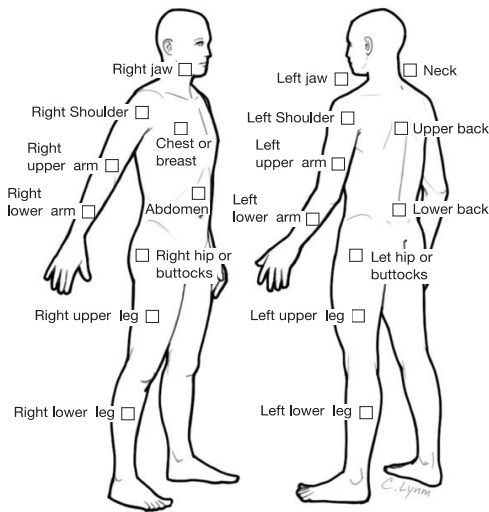
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**Meets diagnostic criteria for Fibromyalgia (FMS) according to 2016 ACR (Wolfe et al, 2016)**  
 Adapted from 2016 Revised Fibromyalgia Diagnostic Criteria Seminars in Arthritis and Rheumatism 46 (2016) 319-329

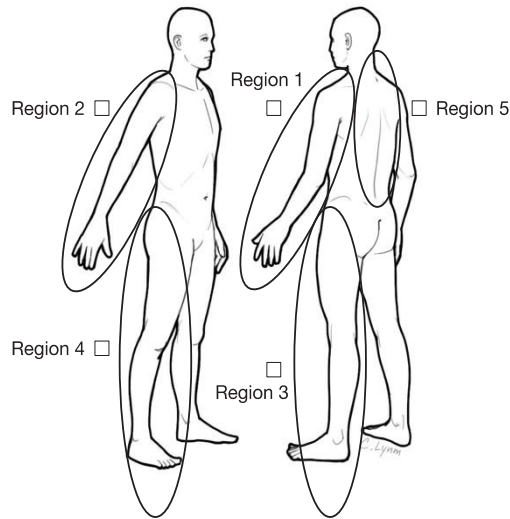
**Diagnosis requires all FOUR boxes / figures completed (mandatory)**

**1** Widespread Pain Index (WPI score range 0 - 19)  
 Pain and tenderness during the past week



**Widespread Pain Index Total (maximum 19):** \_\_\_\_\_

**2** Generalized pain - do not count jaws, chest, or abdomen



**Generalized Pain Total (maximum 5):** \_\_\_\_\_

**3** Symptom Severity Score (SSS score range 0 - 12)

Over the past week:

**No problem**

**Slight or mild problem:** generally mild or intermittent

**Moderate problem:** considerable problems; often present and/or at a moderate level

**Severe problem:** continuous, life-disturbing

	No problem	Slight / Mild	Moderate	Severe
Fatigue	0	1	2	3
Trouble thinking or remembering	0	1	2	3
Waking up tired (unrefreshed)	0	1	2	3

During the past 6 months:		
Pain or cramps in the abdomen	No = 0	Yes = 1
Depression	No = 0	Yes = 1
Headache	No = 0	Yes = 1

**Symptom Severity Score Total (maximum 12):** \_\_\_\_\_

**4** All the following criteria must be met to make a diagnosis of Fibromyalgia

- WPI  $\geq 7$  and SSS  $\geq 5$  OR WPI 4 to 6 and SSS  $\geq 9$  Yes  No
- Generalized pain: at least 4/5 regions Yes  No
- Have the symptoms in section 3 **and** pain been present at a similar clinical level for **at least 3 months?** Yes  No

**Fulfills all the diagnostic criteria for Fibromyalgia?** Yes  No

**BC WOMEN'S  
HOSPITAL+  
HEALTH CENTRE**



Provincial Health Services Authority

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Thank you for your cooperation and support.  
Complex Chronic Diseases Program  
BC Women's Hospital & Health Centre

**FOR BC WOMEN'S OFFICE USE ONLY:**

- Referring office has been notified
- Letter has been completed Date: \_\_\_\_\_
- Patient has been notified Date: \_\_\_\_\_
- Cerner Date: \_\_\_\_\_
  
- Wait list: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial: \_\_\_\_\_  
DD / MM / YEAR

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Key:** (abbreviations): GP = General Practitioner NP = Nurse Practitioner ND = Naturopathic  
Doctor ME = Myalgic Encephalomyelitis CES = Chronic Fatigue Syndrome

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