

# Referral for Chronic Fatigue Syndrome Investigation

Date: [Insert Date]

To: [Rheumatology Clinic Name]

Address: [Rheumatology Clinic Address]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], who has been experiencing persistent fatigue for the past [duration]. Despite extensive evaluations, the underlying cause of their condition remains unclear.

Key details about the patient include:

- Age: [Patient's Age]
- Gender: [Patient's Gender]
- Relevant Medical History: [Brief History]
- Current Symptoms: [List of Symptoms]
- Previous Investigations: [Any tests performed]

I believe that a comprehensive evaluation for Chronic Fatigue Syndrome is warranted, including [specific tests or assessments you recommend].

Please feel free to contact me should you require any more information regarding this referral.

Thank you for your attention to this matter. I look forward to your expert assessment and guidance.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice Name]

[Your Practice Address]