

REFERRAL CHECK LIST TO FUNCTION FIRST
(Paediatric Complex Symptoms team)

- to be available in outpatients and on Child Health Intranet

- **Please Complete tick boxes and attach/email with REFERRAL LETTER**

Function First is a rehabilitation-based service for children and young people who have complex and persistent symptoms or symptoms that are above and beyond those expected for their diagnosis. For example, we see young people who suffer with chronic pain, dizziness, or functional neurological disorders (FND) such as functional seizures.

The goal of the service is to improve physical functioning and participation and to help young people recover and/or live well with their symptoms. This may include helping them to understand and manage their symptoms using psychoeducation, therapy interventions and other strategies.

- Referral is from a Consultant Paediatrician (therapists see Section below)
- Referral letter contains an outline of symptom chronology, results of relevant investigations and trials of medication (e.g., Triptans)
- Referrer clearly states level of functional impact/effect on participation in activities (e.g., poor school attendance/ walking aid for long walks/ frequency of headaches etc.)
- Referrer has explained to family and young person the investigation results, had a *preliminary mind-body conversation* and reason for referral to Function First Team.
- Referrer has explained that the aim of FF is to improve perception of symptoms and approach to treatment, and daily functioning.
- Referrer has provided Function First MDT team leaflet:
<https://www.uhsussex.nhs.uk/resources/function-first-improving-symptoms-by-exploring-the-link-between-the-mind-and-body/>

THERAPISTS

If a RACH physiotherapist or Long-Term Conditions psychology clinician feels Function First or the Chronic Fatigue Syndrome (ME/CFS) Service may be appropriate for this child, please contact the primary paediatrician (who referred the child to you) who can then decide if they have assessed adequately to make a functional diagnosis and refer onward via a cover letter and this checklist.

If the child is not under a paediatrician, please discuss the case with us or refer onwards to an appropriate paediatrician, to consider other diagnoses. They can refer on to FF if necessary.

If seen by the orthopaedics team, please consider whether the child should be referred to rheumatology first (i.e., for diagnosis of possible inflammatory or connective tissue disorder), who may then wish to refer onwards to FF following their assessment. **(CRPS is the exception to this- orthopaedics may refer directly to FF for this).**

If fatigue is the primary symptom: Paediatrician to consider whether child meets NICE diagnostic criteria for ME/CFS, perform bloods, inform parents of the diagnosis, and refer to ME/CFS team. As per NICE guidelines, child should remain under their Paediatrician and receive 6mthly reviews.

<https://pathways.nice.org.uk/pathways/chronic-fatigue-syndrome-myalgic-encephalomyelitis>

Please do discuss with the FF team if you are unsure about a referral.

Function First (The Paediatric Complex Symptoms Team)

Dr Ruth Kendall	Senior Clinical Psychologist
Dr Emma Adams	Clinical Psychologist
Julia Krikman	Senior Occupational Therapist
Helen Salter MCSP	Senior Paediatric Physiotherapist
Johanna Lord MCSP	Senior Paediatric Physiotherapist
Dr Jonathan Rabbs	Consultant Paediatrician

If you have any questions or queries; please contact us on 01273 696955 ext. 62501, or email uhsussex.functionfirstservice@nhs.net