



M.E, CFS, Fibromyalgia
Supported Recovery Programme



The Chrysalis Effect Health Profile

Name

Age	
Location	
Gender	M / F
Severity of Fatigue/Pain	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe <input type="checkbox"/>

- Mild** Mobile, self-caring, light domestic duties, may be working but to detriment of social, family and leisure activities.
- Moderate** Reduced mobility, not working, reduced ADL, sleeping in daytime, peaks and troughs of activity.
- Severe** Few ADL, severe cognitive difficulties, wheelchair dependent for mobility, rarely leave house, often significant worsening of symptoms with any mental or physical exertion
- Very severe** No ADL, bed-bound most of time, unable to tolerate any noise & are light sensitive, requires help with Personal Care.

Main Symptoms	Tick
Impaired memory or concentration	
Sore throat, tender lymph nodes(symptom)	
Muscle pain	
Tender spots in muscles	
Pain in several joints without swelling or redness;	
Headaches – new or different from previous headaches	
Non-refreshing sleep	
Insomnia	
Feeling ill after exertion	
Anxiety	
Palpitations	
Racing mind / unable to switch off	
Excessive worry	
Intolerance to foods caffeine or alcohol	
Bloating, pain IBS	

The Chrysalis Effect W: www.thechrysaliseffect.com T: 01883 712555

E: info@thechrysaliseffect.com

Inner health Clinic W: inner-health-clinic.co.uk T: 0771 262 0909 E: inner-health-clinic@hotmail.co.uk

Health Profile Referral Form updated November 2016



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Fatigue	
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History

Have you had a medical diagnosis?

What was life like before you became ill?

What is your family situation? Married, single, children, working etc

How long you have been experiencing symptoms?

Tell us about your symptoms.....

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How have your symptoms been affecting your life?

What therapies- treatments have you tried?

Tell us about any relapse and remission periods.....

What do you believe triggered your symptoms?

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Now

What do you struggle with most?

What changes, if any, have you made so far?

What care or support do you have?

If you were to pinpoint one thing that has helped you most what is it?

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Future

What is your greatest frustration or fear?

Do you believe recovery is possible for you?

What would you be willing to do to get your health back?

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