

CFS/NHS/PAEDIATRICS - Specialist help for ME.



Paediatric CFS/ME Service, Royal National Hospital for Rheumatic Diseases NHS
Foundation Trust, Upper Borough Walls, Bath, BA1 1RL.



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SMILE: Specialist Medical Intervention & Lightning Evaluation

[School Name]

[Address]

[Date] 2010

Dear [Name]

Re. [patient name] [date of birth]
[address]

This patient is a pupil at your school. He/she is being seen by our team in relation to their medical condition and is currently taking part in a feasibility Randomised Controlled Trial designed to understand whether it will be possible to compare specialist medical care and specialist medical care plus the Lightning Process.

Both the patient and their parent/s or guardians have provided us with written consent to participate in the study which is kept in their medical notes. As part of their consent, they have given us permission to check their school attendance record during their involvement with the study. This is important information as it is the principle outcome measure for the study.

I am writing today to ask whether you could provide us with this information from your records from the date that [name] was first seen by our service

If you have any questions regarding the study, please do not hesitate to contact me, Dr. Crawley at the Royal National Hospital for Rheumatic Diseases, Bath (contact details above).

Yours Sincerely,

Dr. Esther Crawley
Consultant Paediatrician
Clinical Lead, Paediatric CFS/ME Clinic
Consultant Senior Lecturer, University of Bristol