

Dr General Practitioner
Medical Practice
Australia

Click or tap to enter a date.

Dear Dr GP,

RE: Client Name

D.O.B: Click or tap to enter a date.

Date of Eating Disorder Treatment and Management Plan: Date

Number of psychological consultations on plan to date: Choose an item.

Thank you for referring Client Name for management of their Diagnosis. They attended an initial assessment with me on date of initial assessment as well as number subsequent sessions for psychological treatment. This letter is to advise you of the conclusion of their therapeutic treatment under the above dated Eating Disorder Treatment and Management Plan.

Summary of Progress

Details of the client's progress

Details of any completed assessments:

Click or tap here to enter text.

Further Management

e.g. The client has completed number of sessions allowed under the EDP and will continue with psychological treatment sessions, or the client will await expiry of 12 month period before requesting review for further treatment plan, or the client has discontinued therapy at this time.

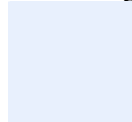
Additional information:

e.g. f treatment concluded: I consider that our current course of psychological treatment has concluded and refer the patient back to your care for ongoing management

If treatment not concluded: I will continue to see this patient and thank you for your ongoing management

Please feel free to contact me via enter address or phone or email if you have any queries or concerns regarding this client, or if you have another client that you feel may benefit from psychological therapy.

Kind Regards,



Click or tap here to enter text.

Click or tap here to enter text.

Medicare Provider number: Click or tap here to enter text.

Copy provided to ☐ Dietitian ☐ Psychiatrist/Paediatrician ☐ Client and/or carer