

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 under EDP to date:** Choose an item.

Thank you for reviewing Client Name for ongoing 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.

### **Evidence Based Therapy Delivered**

Name the evidence based therapy being provided (see eligible list of therapies) and provide rationale

### **Summary of Progress**

Details of the client's progress

Details of any completed assessments:

Click or tap here to enter text.

### **Further Management**

I believe that this client would benefit from continued sessions under the eating disorder treatment and management plan to continue to work on the following treatment goals:

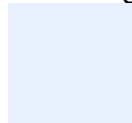
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Additional information:

e.g. Given there is likely to be a wait time for individuals to be reviewed by a Psychiatrist/Paediatrician if at (or preferably before) Session 19 you, as the mental health provider, believes the client will likely require 20 or more sessions of psychological therapy it may be useful to include the following sentence or similar. "It is my opinion, given the client's presentation and treatment progress to date, that they will likely require 20 or more sessions under the EDTMP. As such I request you consider making a referral to a psychiatrist/pediatrician for review so as to limit any possible delays/disruptions to the clients ongoing treatment."

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