Click or tap to enter a date.

Dr General Practitioner

Medical Practice

Australia

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 dietetic consultations utilised on the plan:** Choose an item.

Thank you for referring Client Name for management of Diagnosis. They attended an initial assessment with me on date of initial assessment as well as numbersubsequent sessions for dietetic treatment. This letter is to advise you of the conclusion of their 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**

For example:

1. The client has completed the sessions allowed under the EDP and will continue with dietetic treatment
2. The client will await expiry of 12 month period before requesting review for a further treatment plan
3. The client has discontinued treatment at this time.

Click or tap here to enter text.

Additional information:

Click or tap here to enter text.

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 dietetic treatment.

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 [ ]  Psychological Treatment Provider [ ]  Psychiatrist/Paediatrician [ ]  Client and/or carer