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 Click or tap to enter a date.

**Presenting Problem**

Diagnosis**:** Diagnosis

Eating disorder behaviours (*Specify behaviour and frequency. This may include but is not limited to the following; restricting intake, binge eating, overeating, self-induced vomiting, exercise, rumination, chewing and spitting, laxative/diuretic use, night eating)*

Click or tap here to enter text.

Nutrition intake *(Assessment of nutrition intake. This may include but is not limited to the following; diet history, current nutrition intake, time course of beliefs around food, food and taste preferences, food rituals, food rules and feared foods, hunger and fullness cues)*

Click or tap here to enter text.

Weight History *(This may include but is not limited to the following; premorbid weight, highest and lowest weight, current weight, current height and BMI, treatment goal weight)*

Click or tap here to enter text.

Effects of disordered eating *(This may include but is not limited to the following; physical symptoms, psychological symptoms, effects on quality of life)*

Click or tap here to enter text.

Additional information:

Click or tap here to enter text.

**Treatment Plan**

Mental health care management strategy being provided**:** Dietetic treatment

The primary goals of dietetic treatment will be:

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 management and 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