

Peter Beumont Eating Disorders Service



Referring to the Peter Beumont Eating Disorders Service

Dear Referrers,

To process a referral to the Peter Beumont Eating Disorders Service, we require the following:

1. Phone call to the intake clinician to discuss the referral. The intake clinician can be contacted on 0484346291 between Monday - Friday, 12pm - 4pm.
2. Completed referral form.
3. Bloods results and ECG completed within 7 days.

With Thanks,

The Peter Beumont Eating Disorders Service

Peter Beumont Eating Disorders Service**REFERRAL FORM****Health**
Sydney
Local Health District

Date of Referral _____

Have you discussed this referral with the patient? ☐ Y ☐ N☐ Inpatient☐ Intensive Outpatient Program☐ Outpatient/Ambulatory☐ Outreach**PATIENT'S DETAILS**

Name _____

DOB _____

☐ M☐ F

Address _____

Primary Phone No _____

Other Phone No _____

Email _____

Medicare No _____

Health Fund ☐ Y ☐ N

Membership No _____

If the patient a primary carer for a child 18 years? ☐ Y ☐ N

Name of Health Fund _____

NEXT OF KIN'S DETAILS

Name _____

Relationship _____

Primary Phone No _____

Other Phone No _____

REFERRER'S DETAILS

Name _____

Provider No _____

Primary Phone No _____

Other Phone No _____

Service Details _____

GP'S DETAILS (if not the referrer)

Name _____

Practice Name _____

Practice Address _____

Phone No _____

Fax No _____

Email _____

MEDICAL ASSESSMENT

Height (cm) _____

Weight (kg) _____

BMI (kg/m²) _____

Lying Pulse _____

Standing Pulse _____

Lying BP _____

Standing BP _____

Pathology

Date of last blood test (must be completed within 7 days of referral) _____

Abnormal blood results (please specify) _____

ECG

Date of last ECG (must be completed within 7 days of referral) _____

ECG result (please specify) _____

Is this patient pregnant? ☐ Y ☐ N

If yes, how many weeks? _____

CLINICAL INFORMATION

Provisional Diagnosis _____

Behaviours☐ Restrictive food intake ☐ Binge eating ☐ Diuretic abuse ☐ Excessive exercise ☐ Vomiting☐ Laxative misuse Other (please specify) _____**Other Symptoms**☐ Weight loss ☐ Body image disturbance ☐ Low mood ☐ Weight gain ☐ Self-harm ☐ Suicidal ideation

Other (please specify) _____

Psychiatric Diagnoses☐ Depression ☐ Obsessive-compulsive disorder ☐ Anxiety disorder ☐ Substance abuse

Other (please specify) _____

Medical Diagnoses☐ Diabetes ☐ Osteopaenia ☐ Amenorrhoea ☐ Anaemia ☐ Osteoporosis ☐ Coeliac disease

Other (Please specify) _____

Medications (please list)

Please provide a clinical summary including past eating disorder treatment, details of local clinicians or services involved, details of Eating Disorder Coordinator involvement, and any other additional relevant information

Desired outcome of referral

Signature of referrer

Date

If you are a clinician referring a patient who is currently in hospital (medical or mental health unit), please provide the following:

- Admission assessment including initial mental health assessment completed
- Nutritional assessment and any relevant reviews since
- Progress notes over the last 3 days
- Please identify any other clinicians or services involved in this patient's care who are not already listed

If you are the patient's GP, we would appreciate that you continue to provide medical management for this patient. If you are NOT the patient's GP and you are not involved in continuing care, please ensure the medical management for this patient has been handed over to the GP.

Our Intake Clinician may be in contact with you and/ or your patient to obtain further clinical information as required.

What to do next

Step 1: Call Intake	Step 2: Fax
<ul style="list-style-type: none">• To start your referral please call Intake on 0484 346 291• Available Monday - Friday 12pm - 4pm	<p>To complete your referral please fax to (2) 9515 1502</p> <ul style="list-style-type: none"><input type="checkbox"/> Completed referral form<input type="checkbox"/> Blood results and ECG that have been taken within the last 7 days<input type="checkbox"/> Relevant documentation such as assessments (admission, psychiatric risk, nutritional, medical); last 3 days of progress notes; relevant Discharge Summaries; other relevant information