To:			
Date:			
Dear			
RE:	DOB:		
IVL.	DOB.		
condition. This referral cover	g Disorder Care Plan (EDP) er sessions 1-10 for psycho going referrals as appropria ication.	ological intervention, 1-20 fo	or a dietician, after which
Yours sincerely,			
Name:			
Date:			
GP EATING DISORDER PL	* *		
Item No: 90250 – 90257	1BS Quick reference guide		
GP DETAILS			
GP Name		Practice Name &	
Provider No.		address	
Practice phone		Practice fax	
GP Health Identifier			
GP Email			
PATIENT DETAILS			
First Name (as on		Last Name	
Medicare) Preferred Name		Marital Status	
Date of Birth		Age	
Date of Birtin	As identified in software:	/ igc	
Gender Identity	Current identity		
Address		T	T
Phone (h)		Phone (m)	
Cultural Identity		Aboriginal or Torres Strait Islander	☐ Yes ☐ No
First Language		Interpreter needed?	☐ Yes
Family/ support person	Preferred support person:	: Ph	n:
details (Consider involving support person in session if appropriate)	Pt consent to contact given ☐ Yes ☐ No		
	Relationship to patient:		
InsideOut resources for	☐ Very well supported ☐ Well supported ☐ Somewhat supported		
Carers Dutterfly recourses for corers	☐ Not supported		
Butterfly resources for carers NEDC resources for carers	Any information not to be shared with support person:		





Relevant Current	
Medications	

ESTABLISH ACCESS TO EI	OP (If not appropriate consider using a MHCP or GPMP)	
Eating Disorder	☐ Anorexia Nervosa (AN) (Meets criteria for EDP, additional criteria not needed)	
Diagnosis (DSM-V)	☐ Bulimia Nervosa (BN) (Other criteria needed)	
InsideOut GP Hub –	☐ Binge Eating Disorder (BED) (Must meet all criteria)	
diagnostic guidelines	☐ Other Specified Eating or Feeding Disorder (OSFED) (Other criteria needed)	
EDE-Q Global Score	EDE-Q Score (greater than or equal to 3 to access EDP, if below 3 consider Better Access to	
InsideOut - EDE-Q online	Mental Health Plans)	
with scoring		
	Eating disorder behaviours:	
L : C: -	☐ Rapid weight loss ☐ Binge eating (frequency >= 3 times per week)	
Eating Disorder Behaviours	☐ Compensatory Behaviour (frequency >=3 times per week)	
Denaviours	+Compensatory behaviours:	
(At least one needed to access EDP and rebates)	☐ Purging ☐ Excessive exercise ☐ Laxative abuse ☐ N/A	
access EDP and repates)	Frequency of behaviour:	
	□ N/A □ Daily □ Weekly □ Monthly	
	Clinical Indicators:	
	☐ Clinically underweight (less than 85% expected weight with weight loss due to an ED)	
	☐ Current or high risk of medical complications due to ED	
Clinical Indicators	☐ Serious comorbid psychological/medical conditions impacting function	
(at least 2 to access EDP	☐ Hospital admission for an ED in past 12mths	
and rebates)	☐ Suboptimal response to evidence-based treatment over past 6mths	
	□ N/A	
	Add detail as appropriate:	
Access To EDP	DVec DNe () DV A , A , A , A , A , A , A , A , A , A	
Established	☐ Yes ☐ No (consider Better Access to Mental Health Plans)	
MENTAL HEALTH ASSESS	MENT & HISTORY	

MENTAL HEALTH ASSESSMENT & HISTORY		
Previous Specialist Mental Health Care		
Social & Family History		
Personal History		
Childhood, education, relationship history, previous stressors, protective factors		
	Appearance:	
Results of Mental	General behaviour:	
State Examination	Speech:	
D	Mood:	
Detail findings	Affect:	
Royal Children's Hospital	Thought:	
Melbourne Mental State	Perceptions:	
Examination Guide	Cognition:	
	Insight:	





Risk assessment Note any identified risks, including risks of self-harm Black Dog Institute resources		Identified risk Suicidal ideation Suicidal intent Current plan Risk to others Medical risk None Other: Plan for managing risk Mental Health Line After hours GP service Family monitoring GP monitoring Other:
MEDICAL DEVIE	201	
MEDICAL REVIE Examination		cal examination done:
LXamination	rilysic	al examination done.
As indicated Observations:	Physical examination done: N/A Height, weight, BMI(adults) BMI percentile (children) Pulse & blood pressure, with postural measurements Temperature Assessment of breathing & breath (e.g. ketosis) Examination of periphery for circulation and oedema Assessment of skin colour (e.g. anaemia, hypercarotenaemia, cyanosis) Hydration state (e.g. moisture of mucosal membranes, tissue turgor) Examination of head & neck (e.g. parotid swelling, dental enamel erosion, gingivitis, conjunctival injection) Examination of skin, hair and nails (e.g. dry skin, brittle nails, lanugo, dorsal finger callouses (Russell's sign)) Sit up or squat test (i.e. test of muscle power) Investigations done: FBC EUC/LFT/CMP/BSL Urinalysis Electrocardiography Iron studies, B12, folate E/P, LH/FSH, if appropriate TSH/PrI Bone densitometry — relevant after 9-12mths of disease or of amenorrhoea & as a baseline in adolescents. (Recommendation is for 2yrly scans thereafter while DEXA scans are abnormal)	
Medical compli	cations:	
iviedicai compii	calions.	
Psychological/ medical comorbidities:		
Protective factor	ors:	



Emergency care/relapse prevention:



INITIAL TREATMENT RECOMMENDATIONS UNDER EDP				
Psychological treatment services	Dietetic services	Psychiatric/paediatric review		
(EDPT) (Initial 10 sessions)	(up to 20 in 12 months)	Accessment by psychiatriat/		
		Assessment by psychiatrist/ paediatrician required for patient to		
	Dietitian to provide letter of treatment to GP on completion	access EDPT sessions 21-40		
	Gr on completion			
Referred to:	Referred to:	Referred to:		
Phone:	Phone:	Phone:		
		Priorie.		
Goals:	Goals:			
Psychological treatments allowed under EDP		Other team member		
(to be determined together with MH		Profession:		
professional):		Name:		
Family based treatment, Adolescent		Phone:		
focused therapy, CBT, CBT-AN, CBT-				
E, SSCM for AN, MANTRA for AN, IPT for BN or BED, DBT for BN or BED,				
Focal psychodynamic therapy for EDs	InsideOut Treatment Services Database			
. 3				
GP management – frequency of review	2 W			
☐ Weekly ☐ Monthly ☐ As indicated	ated			
Actions for patient to take: ☐ Use of	of the Healthy Mind Platter Read	d through RAVES Approach		
□ Build my treatment team □ Enga		my exercise to set amount		
☐ Attend all appointments with dietit	•	Plate by Plate		
Attend all appointments with dietit	lati/psychologist — Ose	Tate by Flate		
Other actions identified by patient:				
Patient education given	No Specify:			
Copy of EDP offered to patient	es □ No			
GP REVIEW REQUIREMENTS	20.9.20 of novebalania altra atmo	nt 0 at EDD agraphation		
Mental health: Prior or at sessions 10	0, 20 & 30 of psychological treatme	nt & at EDP completion		
Dietetics: At EDP completion				
Note: PSYCHIATRIC OR PAEDIATRIC REVIEW				
Required in addition to GP review to access sessions 21-40. Consider referring early in course of treatment.				
DECORD OF DATIFALT CONSERIT				
RECORD OF PATIENT CONSENT	(notice) name along wint along	rely ()		
I,	(patient name - please print clea			
Agree to information about my mental and medical health to be shared between the GP and the health professionals to whom I am referred, either via correspondence, verbal communication, or case				
conferences to assist in the management of my health care.				
Some of the accident and management of my hould round.				
Signature (patient):	Date:			
I (GP) have discussed the proposed referral(s) with the patient and am satisfied that the patient				
understands the proposed uses and disclosures and has provided their informed consent to these.				
	05.11	D /		
GP Signature	GP Name	Date		



