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| **REFERRAL CRITERIA** |
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| 1. EDP, SVI provides treatment to clients with eating disorders as outlined in the DSM-5:  * Anorexia nervosa (AN) * Bulimia nervosa (BN) * Binge Eating Disorder (BED) * Avoidant Restrictive Food Intake Disorder (ARFID) * Other Specified Feeding or Eating Disorder (OSFED) |
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| 1. Clients must be residents of South Vancouver Island or Southern Gulf Islands (excluding Gabriola).  This includes Greater Victoria, lower Malahat Region, and the Southern Gulf Islands of Mayne, Pender, Salt Spring, Saturna and Galiano) |
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| **EXCLUSION CRITERIA** |
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| EDP SVI does not provide services for the following instances:   1. Alcohol or Substance abuse is the primary presenting problem 2. The client is actively suicidal or in crisis 3. Acute psychiatric disorders account for decreased food intake such as:   -Thought Disorders (ex. Someone with schizophrenia who has delusions around food) -Major Depression or Post-Partum Depression where decreased food intake is due to mood |
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| **Referring Physician Information – All patients must have a GP, NP, or Walk-In Clinic that will follow the patient** | | | | | | | | | | | | | | | | | | | |
| DATE | |  | | | | | | | | | | |
| DOCTOR’S NAME (FIRST) | |  | | | | | | | | | | | DOCTOR’S NAME (LAST) | | |  | |
| OFFICE PHONE | |  | | | | | | | | | | | DR OFFICE STAMP | | |  | |
| OFFICE FAX | |  | | | | | | | | | | |  |  | | | |
| OFFICE ADDRESS | |  | | | | | | | | | | |
| CITY | |  | | | | | | | | | | |  |
| POSTAL CODE | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Client Information** | | | | | | | | | | | | | | | | | |
| LEGAL LAST NAME | |  | | | | | | | | | | | LEGAL FIRST NAME | | |  | |
| MIDDLE NAME (S) | |  | | | | | | | | | | | PREFERRED NAME | | |  | |
| GENDER | | Male | | | | | | | Female | | | | Other:  (Please elaborate) | | |  | |
| BC PHN | |  | | | | | | | | | | |
| STREET ADDRESS | |  | | | | | | | | | | | | | |
| CITY / POSTAL CODE | |  | | | | | | | | | | |  | | |
| PHONE NUMBER (HOME) | |  | | | | | | | | | | | CELL or OTHER | | |  | |
| Can we leave voicemails? | | Yes | | | | | | No | | | | | Can we leave voicemails? | | | Yes | No |
| EMAIL ADDRESS: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **EATING DISORDER RELATED INFORMATION** | | | | | | | | | | | | | | | | | |
| CURRENT HEIGHT | | | | | |  | | In  / cm | | | | |
| CURRENT WEIGHT | |  | | | | | | lbs  / kg | | | | |
|  | | | | | | | | | | | | |
| ANY RECENT WEIGHT CHANGES? | | | | | | | Yes  /No | | | | | Explain: | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| HEART RATE | Resting: | | | |  | | Sitting: | | |  | | |
| ORTHOSTATIC BP | Resting: | | | |  | | Sitting: | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| FEAR OF WEIGHT GAIN | | Yes  / No | | | | | |  | | | | |  | | | | |
| RESTRICTION | | Yes  / No | | | | | | SEVERITY | | | | |  | | | | |
| OVER-EXERCISE | | Yes  / No | | | | | | SEVERITY | | | | |  | | | | |
| VOMITING | | Yes  / No | | | | | | FREQUENCY | | | | |  | | | | |
| BINGE EATING | | Yes  / No | | | | | | FREQUENCY | | | | |  | | | | |
| Medications for weight loss (ie. Diet pills, laxatives, diuretics, thyroid medication, ipecae) | | Yes  / No | | | | | | DESCRIBE | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **MEDICAL HISTORY** | | | | | | | | | | | | | | | | | | | | |
| DIABETES | | | Yes  / No | | | | | | | |  | | | | | | | |
| PREGNANT | | | Yes  / No | | | | | | | |  | | | | | | | |
| SUSBSTANCE USE | | | Yes  / No | | | | | | | |  | | | | | | | |
| AMENORRHEA | | | Yes  / No | | | | | | | | If amenorrheic >6 month, please order BMD | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| CURRENT MEDICATIONS: | | |  | | | | | | | | | | | | | | | |
| ALLERGIES: | | |  | | | | | | | | | | | | | | | |
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| **ROUTINE MEDICAL MONITORING PER GUIDELINES**  **(Eating Disorders Toolkit Available on Pathways)** |
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| 1. Regular supportive meeting to check-in regarding meals, eating disorder behaviours, and medical symptoms:     1. BLIND (backward) weight, with no mention of numbers OR body appearance, is recommended to avoid triggering relapse or worsening of symptoms    2. Postural vital signs 2. Routine investigations: ECG and bloodwork including CBC, electrolytes, calcium, magnesium, phosphorus, kidney function, liver function and random glucose.   NOTE: Frequency of visits and investigations depends on symptoms and clinical judgement (for example, frequent purging or restriction with rapid weight loss needs close monitoring (q1-2 weeks), whereas patients with less severe behaviours can be monitored less frequently (q4-8 weeks).  **The EDP SVI GPs are available for consultations with community physicians and nurse practitioners upon request** |

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| **MANDATORY LABWORK & ECG MUST ACCOMPANY REFEERAL** | | | | | | |
| CBC | Random Glucose | Na | K | Cl | Bicarbonate | Ca | Mg | PO4 | Creatinine | BUN | AST | ALT | TSH | EKG |  | Microscopic Urinalysis to include Specific Gravity | | | | | | | |
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| **PSYCHIATRIC HISTORY** | | | | | | |
|  | SELF HARM | SUICIDALITY | | See exclusion criteria – patients who are currently suicidal require a referral to general Mental Health services | | |
| **DISCLAIMER** | | | | | | |
| I understand that SI EDP is an outpatient eating disorders service and is unable to assume responsibility for the primary medical care of this client. Ongoing care is the responsibility of the Primary Care Provider. | | | | | | |
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| PRIMARY CARE PROVIDER’S SIGNATURE: | | |  | | DATE |  |
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