

EATING DISORDERS PROGRAM REFERRAL FORM

705-759-3434 ext 4615/4603 | fax: 705-256-3494

SAH Eating Disorders Program provides outpatient intensive treatment for medically stable clients in-between the ages of 12-25 who have a primary diagnosed with Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder or Otherwise Specified Feeding and Eating Disorder (OSFED). Further Eligibility Criteria is outlined in Appendix A.

***We do not provide treatment when substance misuse is the primary diagnosis, or if there are current active suicidal behaviours, or if a client is under 18 and parents are not willing to be involved in treatment.**

*****INCOMPLETE REFERRALS WILL NOT BE ACCEPTED*****

Referred by: _____ Provider's billing number: _____

Referral Date: _____ Client aware of referral? Yes No
(dd/mm/yyyy)

Patient Information:

Name: _____ Health Card Number: _____

Address: _____ City: _____ Postal Code: _____

Telephone: () _____ Cell phone: () _____

Date of Birth: _____ Age: _____ Gender: M F
(dd/mm/yyyy)

Family Physician/NP: _____ Telephone: () _____

Pharmacy: _____ Case Manager: _____

Parent(s)/ Legal Guardian(s): _____

Does the client live with parents? Yes No

Is the family aware of the referral? Yes No

Telephone: () _____

Alternate: () _____

Ok to leave message for client? Yes No

Ok to leave message for parent/guardian? Yes No

PRESENTING PROBLEMS: Anorexia Nervosa Bulimia Nervosa Binge Eating Disorder
 Atypical Anorexia Nervosa Atypical Bulimia Nervosa Avoidant Restrictive Food Intake Disorder (ARFID)
 Other Specified Feeding and Eating Disorder (OSFED)

WEIGHT: Present: _____ (lb or kg) Highest: _____ (lb or kg) Lowest: _____ (lb or kg)
 Date: _____ Date: _____ Date: _____

Height: Present: _____ (cm or inches) Date: _____

MANDATORY: PLEASE ATTACH ALL PREVIOUS HEIGHT & WEIGHTS TO REFERRAL

Orthostatic Vital Signs - Date Taken _____

Laying for 5 minutes – BP: _____ Pulse: _____

Standing for 3 minutes – BP: _____ Pulse: _____

Temperature: _____ (oral / tympanic)



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Menstrual Cycle:

Age of menarche: _____ Describe previous cycle: _____

Describe current cycle: _____

Amenorrhea When? _____ Duration of amenorrhea? _____

Any form of contraception? YES/NO Type: _____

HISTORY OF PRESENTING PROBLEM: _____

METHOD	NO	YES	PER DAY	PER WEEK
Food restriction				
Binge				
Vomiting				
Laxatives				
Diuretics				
Ipecac				
Diet Pills				
Exercise				

BLOODWORK AND INVESTIGATIONS: (Please attach the following blood work)

CBC	Sodium	Lipid panel	Ferritin	LH
HbA1c	Potassium	AST	Vitamin B12	FSH
RBS	Chloride	ALT	Folate	Estradiol
BUN	Calcium	Alk Phosphatase	Amylase	Testosterone
Creatinine	Magnesium	Total bilirubin	Lipase	12 lead ECG
TSH	Bicarbonate	Albumin	Urine C&S	BMD (if amenorrhea ≥6 months)
Serum B-Hcg	Phosphorus	Total protein	Urine R&M	

Medications – include OTC/supplements: (or attach printed list of all medications to referral)

Medication	Dose	Route	Frequency



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Past Medical/Surgical History: _____

Prior Treatment for This Condition:

Inpatient:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	Date:
Outpatient:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provider:	Date:

Prior psychiatric treatment: (attach consults if available)

Where:
Duration:
Physician:

History of suicidal behaviour? Yes No

Active suicidal ideation or behaviour? Yes No (if yes, please direct client to Crisis Intervention Services in emergency department at Sault Area Hospital)

Other providers involved in the patient's care: _____

I acknowledge that I have reviewed the eligibility criteria in Appendix A and will continue to provide medical monitoring for my patient.

Signature of Referring Provider: _____

Date: _____

Please return completed form and attachments by fax to:
 Eating Disorders Program
 Sault Area Hospital 705-256-3494



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Appendix A – Eligibility Criteria for the SAH EDP

Age	12 -19 Years Old	Transitional Aged (19 – 25)
DSM-5 Diagnostic Criteria	<p>Inclusion</p> <p>Anorexia Nervosa Bulimia Nervosa Otherwise Specified Feeding and Eating Disorder (OSFED) that encompasses atypical presentations of AN or BN. Binge Eating Disorder (>17)</p> <p>Exclusion</p> <p>ARFID Disordered eating</p>	<p>Inclusion</p> <p>Anorexia Nervosa Bulimia Nervosa Otherwise Specified Feeding and Eating Disorder (OSFED) that encompasses atypical presentations of AN or BN. Binge Eating Disorder</p> <p>Exclusion:</p> <p>ARFID Disordered Eating</p>
Medical Stability	<ul style="list-style-type: none"> • HR greater than 50 bpm • Orthostatic changes: <ul style="list-style-type: none"> ○ less than 40 bpm heart rate change, less than 10-20 mmHg drop in BP • BP greater than: <ul style="list-style-type: none"> ○ 90/45 mmHg (adolescents age 12-19) • No ECG findings other than sinus rhythm or bradycardia with a rate less than 45 bpm • Fasting blood sugar greater than 3.8 mmol/L • Stable electrolytes** • No acute dehydration*** • Temperature greater than 36°C • No hepatic, renal, cardiovascular or respiratory compromise requiring acute treatment • Diabetes is well controlled and/or patient is regularly followed by diabetes specialty service • No risk for refeeding syndrome as outlined by the ASPEN Guidelines • No other indicators for medical stabilization as outlined by APA, and/or no ratings from MCEED guidelines indicating high risk to life. 	<ul style="list-style-type: none"> • HR greater than 50 bpm • Orthostatic changes: <ul style="list-style-type: none"> ○ less than 30 bpm heart rate change, less than 10-20 mmHg drop in BP • BP greater than: <ul style="list-style-type: none"> ○ 90/60 mmHg (19-25adults) • No ECG findings other than sinus rhythm or bradycardia with a rate less than 45 bpm • Fasting blood sugar greater than 3.8 mmol/L • Stable electrolytes** • No acute dehydration*** • Temperature greater than 36°C • No hepatic, renal, cardiovascular or respiratory compromise requiring acute treatment • Diabetes is well controlled and/or patient is regularly followed by diabetes specialty service • No risk for refeeding syndrome as outlined by the ASPEN Guidelines • No other indicators for medical stabilization as outlined by APA, and/or no ratings from MCEED guidelines indicating high risk to life.
Weight as % of body weight /BMI	<ul style="list-style-type: none"> • greater than 85% as determined based on NP’s calculated treatment goal weight • BMI greater than median BMI for age (if growth charts unavailable to calculate specific health body weight) 	<ul style="list-style-type: none"> • greater than 85% as determined based on NP’s calculated treatment goal weight • For 18 years of age and older, a BMI of greater than 16

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Form #15382
(11/23)

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