Page 1 of 3

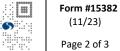
EATING DISORDERS PROGRAM REFERRAL FORM 705-759-3434 ext 4615/4603 fax: 705-256-3494					
12-25 who have a primary diagnosed with Anorexia N Specified Feeding and Eating Disorder (OSFED *We do not provide treatment when substance misus behaviours, or if a client is under 18 and p	ive treatment for medically stable clients in-between the ages of lervosa, Bulimia Nervosa, Binge Eating Disorder or Otherwise). Further Eligibility Criteria is outlined in Appendix A. e is the primary diagnosis, or if there are current active suicidal arents are not willing to be involved in treatment. RALS WILL NOT BE ACCEPTED***				
Referred by:	Provider's billing number:				
Referral Date:	Client aware of referral?				
Patient Information: Name:	Health Card Number:				
Address: Cit	y: 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				
Ok to leave message for client? Yes No	Ok to leave message for parent/guardian? 🗌 Yes 🗌 No				
Other Specified Feeding and Eating Disorder (OSFE WEIGHT: Present: (lb or kg)	st: (lb or kg) Lowest: (lb or kg)				
Date: Date:					
	 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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Health Records – Do Not Destroy



			EATIN		-	ORDERS PRO 9-3434 ext 4615/4	_			_	N
Me	enstrual Cycle:										
Age	e of menarche: _					Describe previous	сус	:le:			
Des	scribe current cy	cle	:								
	menorrhea		When?	•		Dura	atio	on of amenorrh	ea?		
Any	y form of contra	cep	otion? YE	ES/NO	•	Туре:					
HIS	TORY OF PRESE	NTI	NG PROI	BLEM:							
METHOD NO YES				PER DAY			P	PER WEEK			
Fo	ood restriction										
	nge										
	omiting										
	ixatives				_						
	iuretics				_						
	ecac iet Pills				_						
	ercise										
		IN	VESTIGA	TIONS:	(P	Please attach the fo	ollo	wing blood wor	rk)		
	CBC		Sodium		<u>, , , , , , , , , , , , , , , , , , , </u>	Lipid panel		Ferritin		LH	
	HbA1c		Potassi	um		AST		Vitamin B12		FSH	
	RBS		Chlorid	e		ALT		Folate		Estradiol	
	BUN		Calcium			Alk Phosphatase		Amylase		Testosterone	
	Creatinine	e Magnesium			Total bilirubin		Lipase		12 lead ECG		
	TSH Bicarbonate			Albumin		Urine C&S		BMD (if amenorrhea ≥6 months			
	Serum B-Hcg		Phosph	orus		Total protein		Urine R&M			
Me	dications – inclu	ıde	OTC/sup	ppleme	ent	ts : (or attach printe	d li	st of all medicat	tior	ns to referral)
Μ	edication						Do	se	I	Route	Frequency

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EATI	NG DISORDERS PROGRA 705-759-3434 ext 4615/4603	_
Past Medical/Surgical History	"	
Prior Treatment for This Cond	lition	
Inpatient: Yes No	Where:	Date:
Outpatient: Yes No		Date:
Prior psychiatric treatment: (a	attach consults if available)	
Where:		
Duration:		
Physician:		
	ne patient's care:	ndix A and will continue to provide medical
Signature of Referring Provide	er:	
Date:	_	
Р	lease return completed form <u>and a</u>	
	Eating Disorders Pro Sault Area Hospital 705-	•

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EATING DISORDERS PROGRAM REFERRAL FORM

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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	Inclusion Anorexia Nervosa Bulimia Nervosa Otherwise Specified Feeding and Eating Disorder (OSFED) that encompasses atypical presentations of AN or BN. Binge Eating Disorder (>17)	Inclusion Anorexia Nervosa Bulimia Nervosa Otherwise Specified Feeding and Eating Disorder (OSFED) that encompasses atypical presentations of AN or BN. Binge Eating Disorder
	Exclusion ARFID Disordered eating	Exclusion: ARFID Disordered Eating
Medical Stability	 HR greater than 50 bpm Orthostatic changes: less than 40 bpm heart rate change, less than 10-20 mmHg drop in BP BP greater than: 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. 	 HR greater than 50 bpm Orthostatic changes: less than 30 bpm heart rate change, less than 10-20 mmHg drop in BP BP greater than: 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 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	 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) 	 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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