SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE
iCare

DEMOGRAPHIC LABEL

SAULT AREA HOSPITAL EATING DISORDERS PROGRAM REFERRAL FORM

705-759-3434 ext 4634 | fax: 705-256-3469

SAH Eating Disorders Program provides outpatient intensive treatment for medically stable clients in-between the ages of 12-64 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

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PRESENTING PROBLEMS:

☐ Anorexia Nervosa ☐ Bulimia Nervosa ☐ Binge Eating Disorder
☐ Atypical Anorexia Nervosa ☐ Atypical Bulimia Nervosa ☐ Other Specified Feeding & Eating Disorder (OSFED)

WEIGHT: **Present:** _____ (lb or kg) Date: _____ **Highest:** _____ (lb or kg) Date: _____ **Lowest:** _____ (lb or kg) 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: ☐ Yes ☐ No	Where:	Date:
Outpatient: ☐ Yes ☐ 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 705-256-3469

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Appendix A – Eligibility Criteria for the SAH EDP

Age	12 -19 Years Old	19 – 64 Years Old
DSM-5 Diagnostic Criteria	**Inclusion** Anorexia Nervosa Bulimia Nervosa Otherwise Specified Feeding and Eating Disorder (OSFED) that encompasses atypical presentations of AN or BN. **Exclusion** ARFID Binge Eating Disorder OSFED that does not encompass atypical AN or atypical BN Disordered eating	**Inclusion** Anorexia Nervosa Bulimia Nervosa Otherwise Specified Feeding and Eating Disorder (OSFED) that encompasses atypical presentations of AN or BN. **Exclusion:** ARFID Binge Eating Disorder OSFED that does not encompass atypical AN or atypical BN 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 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	• 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