

EATING DISORDER REFERRALS

Children and Youth (up to 18 years) and Adults (18 years +)

NOTE: Patients who are medically at risk should be referred directly to the Emergency Department

Refer to ED

- Pulse < 45 beats per minute
- Temperature <35.5C
- BP<70/40 mm
- Perfusion >5
- U/A ketones
- Oedema
- Self harm stigmata
- Abnormal electrolytes
- Ecg Qtc > 450m sec
- MBI , 13
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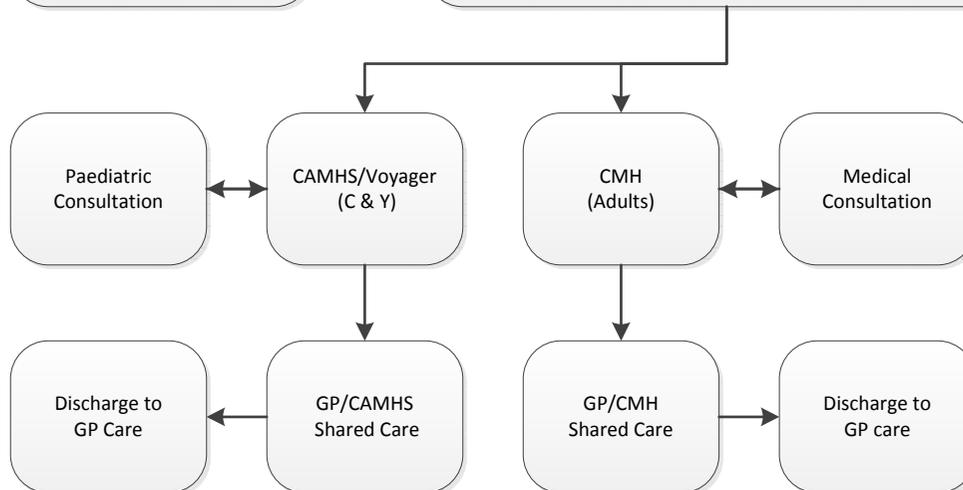
Mild to Moderate Presentation

- Medically stable – extensive monitoring not required
- Suicidality – no plan or intent/possible ideation, no intent
- Weight <85% of healthy body weight
- Distorted body image
- Fair motivation to recover
- Cooperative, has insight
- Can control obsessive thoughts

Essential Referral Information

- Referrer details (name, address, contact details, date of referral)
- Patient details (name, address, contact details, occupation, current living circumstances)
- Weight history (height, current weight, lowest weight, weight 3 months ago)
- Eating behaviour (restricting, binging)
- Amenorrhoea
- Previous/current therapies
- Is the client aware of the reason for referral?
- Other relevant symptoms/history
- Social circumstances

Blood test results must be provided



Tauranga CAMHS (address/ph/fax)
 Tauranga CMH (address/ph/fax)
 Whakatane Voyagers (address/ph/fax)
 Whakatane CMH (address/ph/fax)