



EATING DISORDERS PROGRAM, SOUTH VANCOUVER ISLAND (EDP SVI) Client Referral Form

PLEASE FAX COMPLETED REFERRAL TO 250-387-0002

Please note that adult services are currently very limited due to high demand, staff shortages, and necessary program restructuring (November 2021)

REFERRAL CRITERIA

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)
2. 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)

EXCLUSION CRITERIA

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



MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
EATING DISORDERS PROGRAM, SOUTH VANCOUVER ISLAND

#302 - 2955 Jutland Road Victoria BC V8T 5J9
TELEPHONE (250) 387-0000 FAX (250) 387-0002



Referring Physician Information - All patients must have a GP, NP, or Walk-In Clinic that will follow the patient

DATE
DOCTOR'S NAME (FIRST)
OFFICE PHONE
OFFICE FAX
OFFICE ADDRESS
CITY
POSTAL CODE
DOCTOR'S NAME (LAST)
DR OFFICE STAMP

Client Information

LEGAL LAST NAME
MIDDLE NAME (S)
GENDER
BC PHN
STREET ADDRESS
CITY / POSTAL CODE
PHONE NUMBER (HOME)
Can we leave voicemails?
EMAIL ADDRESS:
LEGAL FIRST NAME
PREFERRED NAME
Other: (Please elaborate)
CELL or OTHER
Can we leave voicemails?

EATING DISORDER RELATED INFORMATION

CURRENT HEIGHT
CURRENT WEIGHT
ANY RECENT WEIGHT CHANGES?
HEART RATE
ORTHOSTATIC BP
FEAR OF WEIGHT GAIN
RESTRICTION
OVER-EXERCISE
VOMITING
BINGE EATING
Medications for weight loss (ie. Diet pills, laxatives, diuretics, thyroid medication, ipecae)

MEDICAL HISTORY

DIABETES
PREGNANT
SUSBSTANCE USE
AMENORRHEA
CURRENT MEDICATIONS:
ALLERGIES:



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MANDATORY LABWORK & ECG MUST ACCOMPANY REFERRAL

CBC | Random Glucose | Na | K | Cl | Bicarbonate | Ca | Mg | PO4 | Creatinine | BUN | AST | ALT | TSH | EKG |
| Microscopic Urinalysis to include Specific Gravity |

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.

PRIMARY CARE PROVIDER'S SIGNATURE: _____

DATE _____

**ROUTINE MEDICAL MONITORING PER GUIDELINES
(Eating Disorders Toolkit Available on Pathways)**

1. Regular supportive meeting to check-in regarding meals, eating disorder behaviours, and medical symptoms:
 - a. BLIND (backward) weight, with no mention of numbers OR body appearance, is recommended to avoid triggering relapse or worsening of symptoms
 - b. 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