

# Eating Disorders Referral Quick Reference



## EATING DISORDER TREATMENT PROGRAMS

An eating disorder is characterized by a serious disturbance in eating behavior, such as under-eating. There are two specialized treatment programs in Alberta, one is located in Edmonton and the other is located in Calgary. Each program focuses on the treatment of eating disorders, primarily anorexia nervosa and bulimia nervosa. Both programs provide services to patients of all ages and treatment may range from outpatient, day treatment and inpatient services depending on the unique needs of the patient/family. A variety of therapies such as group and/or family therapy, along with medical monitoring are offered across the continuum of care.

**EXCLUSIONS:** Patients who do not meet program criteria

### EMERGENCY:

Refer directly to the emergency department or Call RAAPID

(South: 1-800-661-1700 | North: 1-800-282-9911).

CLINIC	SERVICE DESCRIPTION AND REFERRAL PROCESS	CONTACT
<b>Calgary Eating Disorders Program</b>	<p>The Calgary Eating Disorders Program (CEDP) is a physician referral based program that offers treatment for people diagnosed with an eating disorder such as anorexia nervosa, bulimia nervosa and other specified feeding or eating disorder. The program is offered across three sites;</p> <ul style="list-style-type: none"><li>Richmond Road Diagnostic and Treatment Centre (RRDTC): outpatient services</li><li>Alberta Children's Hospital (ACH) and Foothills Medical Centre (FMC): Day treatment, outpatient and inpatient services</li><li>Foothills Medical Centre (FMC): 6 dedicated inpatient beds</li></ul> <p><b>REFERRAL PROCESS:</b></p> <ul style="list-style-type: none"><li>The Physician completes the Physician Referral Form (<a href="http://www.ahs.ca/frm-19796.pdf">www.ahs.ca/frm-19796.pdf</a>) and faxes it to CEDP.</li><li>The referral is reviewed by CEDP and if appropriate, is forwarded to Access Mental Health for screening.</li><li>The client will receive a letter confirming receipt of their referral and directing them to call Access Mental Health within the next 7 days to complete an initial psychosocial screening.</li><li>Upon completion of the screening, a disposition letter and necessary lab requisition and ECG forms are sent to the referring physician where the client is referred to complete necessary lab/blood work.</li></ul>	<p>Richmond Road Diagnostic and Treatment Centre (RRDTC) 1820 Richmond Road SW, Calgary, Alberta</p> <p>PH: 403-955-8700 FX: 403-955-3066</p> <p>Alberta Children's Hospital (ACH) 2888 Shaganappi Trail NW, Calgary, Alberta</p> <p>PH: 403-955-7700 FX: 403-955-3066</p> <p>Visit <a href="https://www.ahs.ca/info/Page4208.aspx">https://www.ahs.ca/info/Page4208.aspx</a> for more information on the program.</p>
<b>Edmonton Eating Disorders Program</b>	<p>The Edmonton Eating Disorders Program is a referral program that receives referrals from physicians, emergency departments, self-referral, family members, community or hospital based dieticians or school personnel. Following initial triaging, referrals are assessed by the psychiatrist and/or treatment team to determine appropriate level of services from the program. The program has one site: University of Alberta Hospital.</p> <p><b>REFERRAL PROCESS:</b></p> <ul style="list-style-type: none"><li>The Primary Care Physician calls the Psychiatrist and sends a referral as advised.</li></ul>	<p>University of Alberta Hospital Unit 4F4, 8440 112 Street NW, Edmonton, Alberta</p> <p>PH: 780-407-7969 FX: 780-407-6672</p>

## MANDATORY REQUIREMENTS FOR ALL REFERRALS

### Patient Information

- Name, PHN/ULI, Gender, DOB
- Address, Phone

### Referring Provider Info

- Name, Address, Phone, Fax

### Additional Info (if available)

- Alternative contact, guardian name & phone
- Patient has hearing or vision requirements
- Special considerations such as physical, psychological, social, and/or economic situation

### Reason for Sending This Referral

- Diagnosis, management or treatment?

### Patient's Current Status

- Stable or worsening
- Key symptoms and findings
- Symptom onset/duration
- Use of laxatives and/or diuretics

### Current and Past Management

- Unsuccessful/successful treatments
- Previous or concurrent consultations for this issue

### Pertinent History

- Comorbidities: Significant medical, surgical, and/or social history, smoking history
- Current & recent medications
- Known allergies, intolerances or challenges

REASON FOR REFERRAL	ACCESS TARGET	PROCESS	MANDATORY INFORMATION
<b>ANOREXIA NERVOSA</b>  <b>OR</b>  <b>BULIMIA NERVOSA</b>	Under 21, less than 3 months  <b>and/or</b>  Over 21, less than 6 months	<b>Northern Alberta</b> Refer to Edmonton Eating Disorder Program  <b>Southern Alberta</b> Refer to Calgary Eating Disorder Program	<p><b>Please specify:</b></p> <ul style="list-style-type: none"> <li>• Goal of care designation</li> <li>• Client's treatment goals</li> <li>• Strength and facilitators for success (family support, motivators for change)</li> </ul> <p><b>Summary of:</b></p> <ul style="list-style-type: none"> <li>• Current medical and psychiatric status (diagnoses and symptoms)</li> <li>• Acute medical condition(s)</li> <li>• Currently hospitalized? If yes, where?</li> <li>• Current substance(s) use / behavioral addictions (name; amount, frequency and duration of use)</li> <li>• Use of laxatives and/or diuretics and degree of physical activity</li> </ul> <p><b>History of:</b></p> <ul style="list-style-type: none"> <li>• Previous psychiatric, addiction and/or chronic pain programs attended (name, date)</li> <li>• Current legal involvement</li> <li>• Legal history including violence</li> <li>• Current or recent involvement in community agencies, mutual help, treatment, etc. relevant to this application</li> </ul> <p><b>Essential Investigations:</b></p> <ol style="list-style-type: none"> <li>1. Medical Instability               <ul style="list-style-type: none"> <li>• Heart rate, orthostatic heart rate</li> <li>• Blood pressure</li> <li>• Temperature</li> </ul> </li> <li>2. Weight</li> <li>3. Lab tests: CBC, serum K, Na, PO4, glucose</li> <li>4. Cardiac complications: ECG results</li> <li>5. Risk of refeeding syndrome</li> </ol>

© (2018) AHS. This material is intended for general information only and is provided on an "as is", "where is" basis. AHS does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. AHS expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.