Eating Disorder 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

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>SERVICE DESCRIPTION AND REFERRAL PROCESS</th>
<th>CONTACT</th>
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</table>
| Calgary Eating Disorders Program | 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;  
  • Richmond Road Diagnostic and Treatment Centre (RRDTC): outpatient services  
  • Alberta Children’s Hospital (ACH) and Foothills Medical Centre (FMC): Day treatment, outpatient and inpatient services  
  • Foothills Medical Centre (FMC): 6 dedicated inpatient beds                                                                 | Richmond Road Diagnostic and Treatment Centre (RRDTC)  
  1820 Richmond Road SW, Calgary, Alberta  
  PH: 403-955-8700  
  FX: 403-955-3066 |
| Edmonton Eating Disorders Program | 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.  
  REFERRAL PROCESS:  
  • The Primary Care Physician calls the Psychiatrist and sends a referral as advised.                                                                 | University of Alberta Hospital  
  Unit 4F4, 8440 112 Street NW, Edmonton, Alberta  
  PH: 780-407-7969  
  FX: 780-407-6672 |

EMERGENCY: Refer directly to the emergency department or Call RAAPID  
(South: 1-800-661-1700 | North: 1-800-282-9911).

EATING DISORDER TREATMENT PROGRAMS

Eating Disorders Referral Quick Reference
Version 1 (July 17, 2018)
### 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

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Access Target</th>
<th>Process</th>
<th>Mandatory Information</th>
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</thead>
<tbody>
<tr>
<td>Tableau Anorexia Nervosa</td>
<td>Under 21, less than 3 months and/or Over 21, less than 6 months</td>
<td>Refer to Edmonton Eating Disorder Program</td>
<td>Please specify: Goal of care designation, Client's treatment goals, Strength and facilitators for success (family support, motivators for change)</td>
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<tr>
<td>Tableau Bulimia Nervosa</td>
<td></td>
<td>Refer to Calgary Eating Disorder Program</td>
<td>Summary of: Current medical and psychiatric status (diagnoses and symptoms), Acute medical condition(s), Currently hospitalized? If yes, where?, Current substance(s) use / behavioral addictions (name; amount, frequency and duration of use), Use of laxatives and/or diuretics and degree of physical activity</td>
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</tbody>
</table>

**History of:**
- Previous psychiatric, addiction and/or chronic pain programs attended (name, date)
- Current legal involvement
- Legal history including violence
- Current or recent involvement in community agencies, mutual help, treatment, etc. relevant to this application

**Essential Investigations:**
1. Medical instability
   - Heart rate, orthostatic heart rate
   - Blood pressure
   - Temperature
2. Weight
3. Lab tests: CBC, serum K, Na, PO4, glucose
4. Cardiac complications: ECG results
5. Risk of refeeding syndrome

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