



Eating Disorder Program Physician Referral

Date of Referral

Last Name	First Name
Date of Birth <small>(yyyy-Mon-dd)</small>	PHN
Gender	Age

Please fax form to **403-955-3066**. If you have any question with regards to this referral please call 403-955-7700 and the secretary will direct your call to the appropriate staff member.

To all Referring Physicians

- Please complete the referral form in its entirety as outlined otherwise it will not be accepted as complete.
- If this referral is accepted, you will receive a lab requisition form outlining the **required investigations** for completion **prior** to the patient accessing care.
- It is our expectation that the referring Physician remain involved throughout the treatment process as the Eating Disorder Program is a specialized resource that works in collaboration with the referring physician.

Telephone numbers where messages of a confidential/medical nature may be left			
Home	Work	Cell	
Patient Address <small>(required)</small>			
Parent/Guardian Name <small>(if patient is under 18 years of age)</small>		Specify: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian(s)	
Name		Best Daytime Number	
Name		Best Daytime Number	
Presenting Problems			
<input type="checkbox"/> Anorexia Nervosa <input type="checkbox"/> Bulimia Nervosa <input type="checkbox"/> Eating Disorder Symptoms, diagnosis unclear			
Orthostatic Vital Signs <small>(Pt. should be lying down for 5 minutes and then standing for 2 minutes when taking vital signs)</small>			
Lying BP	Pulse	Standing BP	Pulse
Current Weight	Current Height	BMI	
Medical Problems/Concerns			
Allergies		Current Medications	
Amenorrhea <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Postpartum If Yes how many weeks? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No
Referring Physician Name		Referring Physician Stamp	
Address			
Phone	Fax		
PRACID No. <small>(required)</small>			
Signature			