St. Joseph's Healthcare Hamilton | Connect
Mental Health and Addiction Outpatient Programs

Eating Disorders Clinic Supplemental Referral Form

Fax to: (905) 389-3815 **Email: connectmhap@stjoes.ca** **Web: www.stjoes.ca/connectmhap**

Please note that the St. Joseph's Healthcare Hamilton Eating Disorders Clinic is an outpatient program. We do not have day hospital or inpatient treatment and we do not offer meal supervision. Referral to the program is for consultation and treatment recommendations. Treatment will be offered only if appropriate.

A patient is not appropriate for referral to our outpatient program if she/he has a Body Mass Index (BMI) of below 16. Other considerations for appropriateness to outpatient treatment include medical stability, severity of symptoms, and psychiatric co-morbidity.

If you believe that your patient requires intensive treatment, or could in the foreseeable future, please begin a referral to: Credit Valley Hospital in Mississauga (accessed through Halton one-Link), Toronto General Hospital, The Homewood Health Centre in Guelph (for BMI 15+) or London Health Sciences.

Client/Patient Information

Last Name: _____ Legal Name: _____

Preferred Name: _____ Date of Birth: (yyyy/mm/dd) _____

Health Card Number: _____ VC: _____

Referral Source Information

Referrals must be from a Physician or Nurse Practitioner

Physician/Nurse Practitioner Name: _____

Telephone: _____ Billing #: _____

Current Physical Status

Height (cm): _____ Weight (kg): _____ BMI: _____

Weight Loss: ☐ No ☐ Yes If yes, please indicate change: _____ kg over _____ (time period)

Weight Gain: ☐ No ☐ Yes If yes, please indicate change: _____ kg over _____ (time period)

Date of last menstrual period: _____ (yyyy/mm/dd) BP: _____ Pulse: _____

Has this patient ever received treatment for his/her eating disorder? ☐ No ☐ Yes

Where and when?

Current Symptoms *(please check all that apply-this information assists in determining appropriate treatment)*

Symptom	Yes	No	Frequency	Symptom	Yes	No	Frequency
Restriction	☐	☐		Insulin Restriction	☐	☐	
Binge Eating	☐	☐		Diuretics	☐	☐	
Vomiting	☐	☐		Ipecac	☐	☐	
Laxatives	☐	☐		Thyroid Meds Abuse	☐	☐	
Extreme Exercise	☐	☐		Other:	☐	☐	
Diet Pills	☐	☐		Extreme distress with weight and shape?	☐	☐	

Current Investigations - (*Mandatory - Please **attach** results.*)

☐ ECG	☐ Magnesium	☐ Creatinine	☐ Alkaline Phosphatase
☐ CBC & Diff	☐ Phosphate	☐ AST	☐ Vitamin B12
☐ Electrolytes	☐ Glucose	☐ ALT	☐ TSH
☐ Calcium	☐ Urea	☐ GGT	☐ Ferritin

☐ Fasting Lipids - If Binge Eating is the **only** reported symptom please complete Fasting Lipids in addition to other requested blood work