ST VINCENT'S HOSPITAL MELBOURNE
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Austin HEALTH

Body Image and Eating Disorders Treatment and Recovery Service (BETRS)

A joint mental health initiative of St Vincent's Melbourne and Austin Health

Body Image Eating Disorder Treatment and Recovery Service (BETRS)

Referral Form

Address	10-12 Gertrude Street , Fitzroy VIC 3065 PO BOX 2900, Fitzroy VIC 3065
General Enquires	9231 5700
Fax	(03) 9231 5701
Email	betrs.intake@svha.org.au

Instructions

Step 1	Consumer completes Self Report Form (Consumer Section) pages 2-6
Step 2	Consumer books and attends appointment with GP.
Step 3	GP to complete the referral form pages 7-8 (including GP Section, medical review and investigations). Pathology slip to be given to consumer by GP to get updated pathology completed.
Step 4	GP to review medical investigations (to be sent to emergency department if meeting medical admission criteria). If within normal parameters referral can be e-mailed to BETRS at: betrs.intake@svha.org.au
Step 5	Await contact from BETRS and continue with regular GP medical monitoring and remain engaged with community supports.

If you wish to discuss your referral or are having difficulties completing the form, please contact us by e-mail at betrs.intake@svha.org.au

Please ensure ALL answers including relevant medical information, recent vitals are completed or included prior to submitting referral. If information is missing this will be considered an incomplete referral, which could delay the referral process.

If you have any immediate safety concerns related to your mental or physical health including risk of harm to yourself, we recommend the following:

- attending your GP for urgent review
- present to your local emergency department or call 000
- contact Lifeline 13 11 14 or your local psychiatric triage service (please refer to the following link for contact details http://www.health.vic.gov.au/mentalhealthservices/index.htm)

Consumer Section - Self-Report Form

Date Completed:	
Consumer Demographics	
Full Name:	Preferred Name:
Gender:	Pronouns:
DOB:	Phone Number:
Address:	
Email:	
Medicare No: Reference No:	Expiry:
Preferred Language:	Interpreter Required:
Aboriginal and/or Torres Strait Islander:	

Private Health Insurance

☐ No ☐ Yes ☐ Mental Health Cover

If yes, have you considered private options such as other eating disorder treatment services available at The Melbourne Clinic and/or The Geelong Clinic?

COVID-19 Vaccination Status

☐ 1st / 2nd Dose / 3rd Dose	☐ Unvaccinated	☐ Prefer not to say

What type of support are you interested in at BETRS? (E.g. inpatient admission, outpatient treatment)

Identity/Cultural Considerations

Are there any identity/cultural considerations you would like us to be aware of? E.g. religious beliefs, traditions, food traditions, spiritual practices, gender identity, sexuality.

Community Supports

Describe your current living arrangements & any supports you might have (family/ friends/carer/dependent children/job/study)

Things I would like you to know about me
Communication preferences: ☐ Phone ☐ Text first ☐ Email first
Information requirements: *How would you like information to be provided to you?* ☐ Written ☐ Spoken ☐ Both
Preference for support person to be present for your screening call and/or assessment? ☐ No ☐ Yes If yes, who _____
Physical touch/personal space requirements *(please list/describe if relevant)*
Sensory sensitivities and preferences *(please list/describe if relevant)*
Physical and mobility needs *(please list/describe if relevant)* Do you use a wheelchair or mobility scooter? ☐ No ☐ Yes

Current Treating Team (e.g. psychologist, dietitian, case manager etc.)
Do you consent to BETRS speaking to your treating team? Yes ☐ No ☐ Comments:

Name	Profession	Organisation	Contact details

Eating Disorder/Mental Health Treatment History	
Have you had a previous formal eating disorder diagnosis? If so when and by whom?	
☐ Anorexia Nervosa	Date(s) and who diagnosed:
☐ Bulimia Nervosa	Date(s) and who diagnosed:
☐ Binge Eating Disorder	Date(s) and who diagnosed:
☐ Avoidant Restrictive Food Intake Disorder	Date(s) and who diagnosed:
☐ Other Specific Feeding & Eating Disorders	Diagnosis: Date(s) and who diagnosed:

Have you previously engaged in/are currently engaging in any eating disorder specific treatment?	
☐ Day program treatment	Date(s):
☐ Inpatient program (Eating Disorders Unit)	Date(s):
☐ Medical admission (including paediatric admission)	Date(s):
☐ Specific therapies (CBT-E)	Date(s):
☐ Community treatment team	Date(s):
☐ Case management by CAMHS/CYMHS or AMHS	Date(s):

How old were you when you developed eating disorder symptoms/behaviours?

Do you think you have or have you been told you have any of the following by a health professional?			
☐ Depression	☐ Anxiety Disorder	☐ Psychosis	☐ Bipolar Disorder
☐ Personality Disorder	☐ OCD	☐ ADHD ☐ Autism	☐ Other

Have you experienced any significant losses, and/or traumatic events?
☐ No ☐ Yes

Have you previously engaged in/are currently engaging in any treatment for your mental health?

Substance Use *Please describe any current/ past drug or alcohol use including type, amount & frequency*

Current Physical Health *Please discuss these with your GP so appropriate investigations and support can be provided*

Are you experiencing any of the following physical symptoms?		
☐ Dizziness/ Light headedness	☐ Fainting/ Collapse	☐ Heart Palpitations
☐ Shortness of breath	☐ Chest Pain	
☐ Other (including loss of menstruation):		

Motivation for Change *Please circle/highlight the box that best describes your current level of motivation.*					
Pre-contemplation	Contemplation	Preparation	Action	Maintenance	Relapse
Not considering change	Acknowledges some problems with eating disorder thinking and behaviours	Commitment to change and developing plan for change	Actively taking steps to address eating disorder thinking and behaviours	Lower use of eating disorder thinking and behaviours	Returned to previous eating disorder pattern of behaviour and thinking

Weight/ Body Image		
Current Weight:	Current Height:	Average Weight before the onset of eating disorder:
What has been your weight trajectory this past year?		
☐ Weight Stable	☐ Weight Loss	☐ Weight Gain
What has been your weight trajectory over the past 4 weeks?		
☐ Weight Stable	☐ Weight Loss	☐ Weight Gain
Do you have a preference for weight change?		
☐ Weight Stable	☐ Weight Loss	☐ Weight Gain
What are your current thoughts, feelings or ideas in relation to your weight and shape?		

Current Eating Disorders Behaviour			
Behaviour	Yes/ No	Frequency	How long have you been engaging in these behaviours?
Restricting Food			
Purging			
Do you use laxatives, diuretics, appetite suppressants, diet pills?			
Exercise			
Binge Eating			
Do you check your body or weight?			

Current Daily Nutritional Intake *Please complete an example of your average food & fluid intake based of the last 24 hours*			
Meal/ Snack	Time	Food	Fluid
Breakfast			
Morning Tea			
Lunch			
Afternoon Tea			
Dinner			
Supper			

If there is any additional information, you would like us to know. Please write in comments below:

This sections marks the end of your self-report form.

The next section must be completed by your GP or Medical Professional.

Please ensure ALL answers including relevant medical information, recent vitals are completed or included prior to submitting referral. If information is missing this will be considered an incomplete referral, which could delay the referral process.

GP Section – Medical Report & Tests

Date Completed:	
General Practitioner/ Medical Professionals Details	
Name:	Name of Practice:
Address:	
Phone Number:	Fax:
Email:	
Reason for Referral:	

Medical History (please include diagnosis & past treatments)		
General		
Psychiatric		
Eating Disorder		
Substance Use		
Suicide	Past Risk:	Current Risk:
Self-Harm	Past Risk:	Current Risk:

Medications/Supplements			
Name	Dose	Frequency	Prescribed By

Current Weight Control Behaviours (include frequency & duration)				
Restricting Food	Yes	No	N/A	Details:
Vomiting	Yes	No	N/A	Details:
Laxatives	Yes	No	N/A	Details:
Exercise	Yes	No	N/A	Details:
Diuretics	Yes	No	N/A	Details:
Diet Pills	Yes	No	N/A	Details:
Other	Yes	No	N/A	Details:

Current Substance Use

Mental State Examination

Current Deliberate Self Harm or Suicidal Ideation

Physical Examination/ Measurements		
Heart Rate:	Sitting:	Standing:
Blood Pressure	Sitting:	Standing:
Weight:	Height:	BMI:
Temperature:		

Medical Investigations *These tests must be completed to ensure we have the most recent results, results must be attached to referral*					
FBE	☐	U&E, Uric Acid, Bicarb	☐	TFT	☐
Fe Studies	☐	B12/ Folate/ Vitamin D	☐	ECG	☐
LFT	☐	Lipids	☐	DEXA **If medically indicated* (date completed):	☐
Finger Prick/ Random Glucose	☐	Ca, Mg, PO4, Zn	☐		

Managing Medical Risk in Consumers with an Eating Disorder

The following table is taken from the Royal Australian New Zealand College of Psychiatrists (RANZCP) eating disorder guidelines and indicates the complications of eating disorders and recommendations for management.

System	Physical/lab findings	Action/investigation
Cardiac	• Bradycardia and/or hypotension and/or tachycardia and/or prolonged QT interval and/or arrhythmias[a]	• ECG • Cardiac monitoring • Cardiology consultation • Nutritional assessment/resuscitation • Re-hydration: preferential use of oral fluids because of risk of cardiac failure, note glucose based solutions may increase risk of refeeding syndrome
Core body temperature	• Hypothermia (may mask serious infection)	• Monitor; warm with external heat, nutrition
Endocrine	• Hypoglycaemia[b] • Poor metabolic control in co-existent Type I diabetes • Amenorrhoea • Secondary hyperaldosteronism[c]	• If in first week of refeeding, give thiamine; ensure adequate, steady carbohydrate supply and monitor blood glucose levels • Specialist management of diabetes • Nutritional restoration until menstruation returns[g] • Provision of very slow IV fluids
Fluid and electrolyte changes	• Hypokalaemia, hypochloraemia, metabolic alkalosis[c] • Hypophosphataemia (frequently emerges during refeeding) • Hypomagnesaemia[c] • Hyponatraemia	• Suspect purging, careful K+ replacement: best orally and correct alkalosis first, monitor closely • Phosphate Sandoz 500mg bd then recheck phosphate level, keep replacing until normal[e] • Replace magnesium • Suspect fluid loading, or over drinking as part of weight loss behaviours. 1.5 litre/day fluid restriction. Monitor in all patients
Haemato-logical	• Anaemia[d] • Neutropaenia	• Monitor in all patients. Consider iron level and stores of B_{12} and folate. Replace as necessary[f] • Improve nutrition
Gastro-intestinal	• Severe acute pancreatitis[c,i] • Parotid and salivary gland hypertrophy[c] • Reduced gastric motility (and early satiety) • Mallory-Weiss tears, ruptures[c] • Oesophagitis • Constipation • Raised liver enzymes and low albumin	• Bowel rest, nasogastric suction and IV fluid replacement • Nil specific • Smaller but more frequent meals may be preferred • Urgent surgical referral • Consider proton pump inhibitor for severe symptoms – symptomatic relief for mild symptoms • Reassure, increase nutrition, stool softeners (do not use stimulant laxatives such as senna) • Monitor/improve nutrition
Skin/bone	• Osteopaenia, stress fractures • Brittle hair, hair loss, lanugo hair • Dorsal hand abrasions, facial purpura, conjunctival haemorrhage[c]	• Monitor bone density, nutritional restoration until menstruation returns, calcium[h] and Vitamin D, specialist referral • No specific treatment • No specific treatment
Dental	• Erosions and perimylolysis	• Dental referral

Medical Monitoring

Regular medical monitoring is required when treating consumers with eating disorders. The frequency is dependent on clinical presentation and may vary between weekly to monthly. Medical monitoring involves weighing the consumer, checking postural heart rate and blood pressure, temperature and performing blood tests including a full blood count, urea and electrolytes, liver function tests, calcium, magnesium, phosphate, zinc, blood sugar levels and an ECG. Consumers should have a full screen including thyroid function, iron, B12, folate, vitamin D and lipids when they initially present, and this should be monitored as clinically required. A DEXA scan to determine bone density is required at first presentation and a minimum of every 2 years during the duration of an eating disorder. Reproductive hormones may be checked if required.

More frequent monitoring in the order of weekly to fortnightly is warranted if:

- There is rapid weight loss, even if a consumer is within the normal weight range or above.
- A consumer maintains a very low weight, e.g. below BMI 16kg/m2.
- There are abnormal medical parameters based on their vital signs or blood tests.
- Physical symptoms are reported such as dizziness, fainting, chest pain, palpitations or symptoms of hypoglycaemia.
- If there is purging or use of purgatives.

Medical Admission

The following table from the RANZCP eating disorder guidelines, indicates medical criteria for psychiatric and medical admissions. BETRS recommends that anyone who meets medical admission criteria needs to be sent to the emergency department for a medical admission. Medical admission is to achieve medical stabilisation, treat starvation by refeeding, manage refeeding syndrome risk and restore weight. Once medical stabilisation occurs, the consumer may be sent home while awaiting BETRS assessment or for ongoing community treatment with BETRS or private clinicians. Alternatively, they may be assessed as potentially benefiting from ongoing weight restoration within a specialist eating disorder unit admission. This decision involves the consumer, carer, medical team and BETRS.

	Psychiatric admission indicated[a]	Medical admission indicated[b]
Weight	Body mass index (BMI) <14	BMI <12
Rapid weight loss	1kg per week over several weeks or grossly inadequate nutritional intake (<100kcal daily) or continued weight loss despite community treatment	
Systolic BP	<90 mmHg	<80 mmHg
Postural BP	>10 mmHg drop with standing	>20 mmHg drop with standing
Heart rate		≤40 bpm or > 120 bpm or postural tachycardia > 20/min
Temperature	<35.5°c or cold/blue extremities	<35°c or cold/blue extremities
12-lead ECG		Any arrhythmia including QTc prolongation, non-specific ST or T-wave changes including inversion or biphasic waves
Blood sugar	Below normal range*	< 2.5 mmol/L
Sodium	<130 mmol/L*	<125 mmol/L
Potassium	Below normal range*	<3.0 mmol/L
Magnesium		Below normal range*
Phosphate		Below normal range*
eGFR		<60ml/min/1.73m^2 or rapidly dropping (25% drop within a week)
Albumin	Below normal range	<30 g/L
Liver enzymes	Mildly elevated	Markedly elevated (AST or ALD >500)*
Neutrophils	<1.5 × 10^9/L	<1.0 × 10^9/L
Risk assessment	Suicidal ideation Active self-harm Moderate to high agitation and distress	