



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

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

St Vincent's Hospital (Melbourne) Ltd
ABN 22 052 110 755

All correspondence and enquiries to:

BETRS
Email: betrs@svha.org.au
Web: www.betrs.org.au
General enquiries: (03) 9231 5700
Clinical Intake Service: (03) 9231 5718

10-12 Gertrude Street
Fitzroy 3065
Tel: (03) 9231 5700

Austin Hospital
Acute Psychiatric Unit
PO Box 5555
Heidelberg VIC 3084
Tel: (03) 9496 6407

BETRS Referral Form (for health professionals)

Patient name: _____ **DOB:** _____
Sex: _____ **Gender:** _____ **Preferred Pronoun:** _____
Address: _____
Phone: _____ **Email:** _____
Preferred language: _____ **Interpreter Required: Yes / No**
Aboriginal or Torres Strait Islander: Yes / No
Private Health insurance: Yes / No
Patient consent to referral: Yes / No
(if no please obtain consent before proceeding)

Referrer information (If not GP)

Name: _____ **Position:** _____ **Service:** _____
Address: _____
Phone: _____ **Fax:** _____
Email: _____
Relationship to patient: _____
GP aware and consenting to referral? Yes / No
(If not, please get GP support before proceeding)

General practitioner information

Name: _____ **Name of Practice:** _____
Address: _____
Phone: _____ **Fax:** _____
Email: _____

Current treatment team (e.g.: psychologist, dietitian etc)

Name	Profession	Organisation	Phone and fax

Presenting issues:

Weight:	Height:	BMI:
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Amenorrhea: Yes / No / Unknown (NB if on contraceptive)

History weight changes/ history/ course of eating disorder:

Previous eating disorder/psychiatric treatment:

Weight control behaviour (include frequency and duration):

Restricting food	Yes / No	Details:
Vomiting	Yes / No	Details:
Laxatives	Yes / No	Details:
Exercise	Yes / No	Details:
Diuretics	Yes / No	Details:
Diet pills	Yes / No	Details:
Other	Yes / No	Details:

Psychiatric history

Other psychiatric diagnoses or symptoms:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Bipolar |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Other: _____ | |

Past treatment:

Current mood symptoms:

Substance use (substance, amount, frequency of use)

Current drug/alcohol dependence: Yes / No Details:

Past drug/alcohol use: Yes/No Details:

	Past history	Current
Medical Physical symptoms, medical admissions/ interventions, falls etc.		
Suicide Include thoughts, plans or attempts		
Self-Harm		

Medical History/ General Health:

Medications/ Supplements:

Name	Dose	Frequency	Prescribed by

Physical Examination: Date completed:

Heart rate: Sitting: Standing:

Blood Pressure: Sitting: Standing:

Temperature:

Investigations (please attach pathology and obs/weight notes, ECG, DEXA): (NB: Referral cannot progress without this information)

Required analysis:

- | | | |
|--|---|--|
| <input type="checkbox"/> FBE | <input type="checkbox"/> U&E, Uric Acid, Bicarb | <input type="checkbox"/> Ca, Mg, PO4, Zn |
| <input type="checkbox"/> Fe studies | <input type="checkbox"/> B12/Folate/VitD | <input type="checkbox"/> TFT |
| <input type="checkbox"/> LFT | <input type="checkbox"/> Lipids | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Finger prick/random glucose | | <input type="checkbox"/> DEXA: date completed: |

Mental State Examination:

Family/carer/dependent children/other support involvement:

Any other information:

Note: If there are immediate risk concerns, please contact psychiatric triage or have patient present to their local Emergency Department.

Thank you for completing this referral form.

Please fax the referral to (03) 9231 5701

Or send via mail to:
The Body Image Eating Disorders Treatment & Recovery Service (BETRS)
St Vincent's Hospital Melbourne
PO Box 2900, Fitzroy 3065

BETRS Intake will be in contact with you within 5 working days of form being received completed in its entirety. Please feel free to contact us on our intake line on 9231 5718 between 9.30-11.30am Monday to Friday to discuss your referral further.