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

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

☐ Rear of Caritas Christi Hospice
104 Studley Park Road
Kew VIC 3101
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:

Address:

Phone:

Email:

DOB:

Country of birth: **ATSI: Yes / No**

Patient consent to referral: Yes/No
(if no please obtain consent before proceeding)

Referrer information (If not GP)

Name:

Address:

Phone: **Fax:**

Email:

Relationship to patient:

General practitioner information

Name:

Address:

Phone:

Email:

Fax:

Reason for referral

- ☐ Consideration for inpatient admission
- ☐ Consideration for Day Patient Program
- ☐ Consideration for CBT-E
- ☐ Assessment and diagnostic clarification
- ☐ Other

Current treatment team

Name/discipline	Phone/fax numbers

Eating disorder symptoms

Current weight: kg

Height: cm

Duration of illness:

Weight trajectory over past 12 months:

Compensatory behaviours: e.g. exercising, vomiting, use of laxatives/diuretics/purgatives

Past treatment (please provide details and dates)

Medical history:

Date of last GP review:

Medications/vitamins/supplements:

Psychiatric history

Other psychiatric diagnoses or symptoms:

Mood symptoms:

Past treatment:

Substance use (please list substance, amount frequency of use)

	Past history	Current
Medical Include physical symptoms, medical admissions or interventions required, falls		
Suicide Include thoughts, plans or attempts		
Self-Harm		

Family/carer/other support involvement:

Any other relevant information:

Thank you for completing this referral form.

Please attach a copy of

recent vital signs, pathology tests including full blood count, Electrolytes, Urea, Creatinine, Calcium, Magnesium, Phosphate, fasting/Random blood glucose, Liver Function Tests, Thyroid Function Tests and ECG if indicated.

Please fax the referral to 9231 5701

Or send via mail to:
The Body Image Eating Disorders Treatment & Recovery Service (BETRS)
Rear 104 Studley Park Rd
Kew VIC 3101
Australia

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.

BETRS Intake Team