



Eating Disorders Program
98 Townsend Road,
St Albans Park, VIC 3219
Ph.: 03 5240 0700
Fax: 03 52484 852

Dear General Practitioner,

Your patient has requested an assessment for treatment in The Geelong Clinic Eating Disorder Program.

As part of the process, we require:

- A referral to **Admitting Psychiatrist** at The Geelong Clinic
- A physical assessment (see attached form) for pre-admission to The Geelong Clinic
- ECG
- Blood Pathology, FBC, U&E, P04

These items can be faxed to The Geelong Clinic. Please attention to the EDP on **(03) 5248 4852**.

We appreciate your assistance.

Yours Sincerely,
The EDP team

PHYSICAL ASSESSMENT OF EATING DISORDERS

Date.....

Name..... D.O.B.....

Blood Pressure..... Pulse rate.....

Height..... Weight.....

BMI.....

Weight change Last month..... last 6 months.....

- Please ensure Flu Vaccine given if in winter months

Behaviours (Frequency/week)

Binging _____

Purging _____

Laxative Use _____

Symptoms		Signs		Investigations within one week of admission	
Amenorrhoea	Yes/No	Blue Extremities	Yes/No		
Blurred vision	Yes/No	Lanugo	Yes/No	ECG	Yes/No
Hair loss	Yes/No	Ankle oedema	Yes/No	U&E	Yes/No
Bleeding gums	Yes/No	Bruising	Yes/No	FBC	Yes/No
Constipation	Yes/No	Knuckle calluses	Yes/No	Ferritin	Yes/No
Bloating	Yes/No	Pallor	Yes/No	LFT	Yes/No
Dizziness	Yes/No	Arm and thigh lacerations, burns	Yes/No	BSL	Yes/No
Fractures	Yes/No	Parotid swelling	Yes/No	Bone Density within 12 months	Yes/No
Reflux	Yes/No	Dental caries	Yes/No	Oestrogen, LH FSH	Yes/No
Infertility	Yes/No			TSH	Yes/No
Fatigue	Yes/No			Vitamin D	Yes/No
Palpitations	Yes/No			ECG	Yes/No
Collapse	Yes/No			Calcium Phosphate Magnesium	Yes/No
Toothache	Yes/No				

Please fax this form back to The Geelong Clinic on **5248 4852** along with copies of pathology results. Alternatively, please copy The Geelong Clinic in for pathology results.