



Queensland Government

Royal Brisbane and Women's Hospital

QUEENSLAND EATING DISORDER SERVICE (QuEDS) REFERRAL FORM

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: [] M [] F [] I

Referral for:

- Referral options: Dr Warren Ward (Specialist Consultation Clinic), Dr Chris Randall (Day Program), Site: RBWH, Rockhampton Telehealth

I acknowledge:

- I acknowledge statements: I have read the QuEDS guidelines and will continue to medically monitor this patient as per pg 2 criteria. Patient does not require immediate admission as per QuEDS admission guidelines

Client Details and Demographics

Home phone no, Work phone no, Mobile no, Marital status, Medicare no, Expiry, Country of birth, Year of arrival, Indigenous origin, Occupation or benefit / pension, Employment status, Education level, Name - Next of kin or significant other, Relationship to patient, Address, Patient has consented to Next of Kin if required, Diagnosis & reason for referral

Initial Risk Assessment

Suicidal thoughts / intent / plan, Self-harming, Type, Access to weapons, Height, Weight, BMI, Rapid weight loss, How much?, Timeframe, Physical complications: Fainting, Dizziness, Chest pain, Dehydration, Other

Medical Assessment

BP - Lying, Standing, PR - Lying, Standing, RR, Temp, Amenorrhea, Blood results less than 2 weeks old, including ELFT, Mg and FBC, is attached. Please note: incomplete forms or not attaching blood results will delay triage. Medical history & medications

Eating D/O Behaviours: e.g. frequency, severity etc.

Oral restriction, Vomiting, Bingeing, Exercise, Diuretic, Laxatives, Past psychiatric history, Drug & Alcohol issues, Patient aware of referral, Does patient agree?

Referrer's name, Designation, Contact email, Phone no, GP's name, Contact no, GP or practice email, Provider no, Referring doctor signature, Date

Send to Queensland Eating Disorders Service (QuEDS) by: Fax - 3100 7555 or email: QuEDS@health.qld.gov.au. For more information please google "QuEDS" or phone 3114 0809

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MR OPD 1000

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