



Queensland
Government

Royal Brisbane and Women's Hospital

QUEENSLAND EATING DISORDER SERVICE (QuEDS) REFERRAL

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: ☐ M ☐ F ☐ I

REFERRAL TO

Adult Specialist Assessment Clinic (18 years+ only)

One-off appointment for diagnostic clarification (if required) and **treatment recommendations tailored to the individual.**

This may include referrals to private practitioners, Non-Government Organisations or to the QuEDS individual outpatient therapy or Day Programs.

☐ Referral for Dr Kirsten McMahon

Day Program (16+ years)

State-wide non-residential **recovery focused** group program for people seeking a **higher level of community support**. The program runs 4 days a week for 8 weeks and includes supported meals and evidence-based therapeutic groups.

Participants must be **above a BMI 16 and medically stable** to be referred to the Day Program. The Day program is unable to accommodate vegan diets.

☐ Referral for Dr Chris Randall

Reason for referral:

- ☐ Diagnostic clarification
- ☐ Treatment recommendations
- ☐ Day Program (nb: for 16-18yo, please attach correspondence from Child & Adolescent Psychiatrist supporting Day Program referral)
- ☐ Other:

Note: QuEDS are unable to provide case-management and do not provide primary care.

Diagnosis or eating disorder concerns:

*** NOTE: INCOMPLETE REFERRALS (INCLUDING MISSING BLOOD RESULTS OR POSTURAL OBSERVATIONS) WILL BE RETURNED TO REFERRER FOR COMPLETION**

Whilst clients are engaged with QuEDS, medical monitoring and duty of care remains with referrer.

Please refer to *Table 1: QuEDS Indicators for Admission to Adult Inpatient Beds (>18yrs)* on page 3.

Medical Assessment

I acknowledge*:

- ☐ I have read the QuEDS guidelines and will continue to medically monitor this patient as per Page 2 criteria (see table overleaf)
- ☐ Patient does not require immediate admission as per QuEDS admission guidelines (see table overleaf)

BP – Lying: Standing: Completed 2 mins apart (*both required*)

HR – Lying: Standing: Completed 2 mins apart (*both required*)

Note: bradycardia, postural tachycardia of > 20bpm or postural hypotension of > 20mmHg is an indicator for medical admission.

RR: Temp: Amenorrhea: ☐ Yes ☐ No ☐ n.a / OCP

☐ Blood results **less than 2 weeks old**, including **ELFT, Mg and FBC**, are attached (**required**).

Medical history:

Medications:

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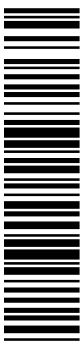
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Initial Risk Assessment

☐ Suicidal thoughts / intent / plan Safety plan:

☐ Self-harming - Type: Safety plan:

Height: m Weight: kg BMI:

Nutritional intake (e.g., numbers of meals or calories/day):

☐ Rapid weight change How much? Timeframe:

Physical complications: ☐ Fainting ☐ Dizziness ☐ Chest pain ☐ Dehydration ☐ Other:

Mental Health and Eating Disorder Behaviour Assessment

☐ Oral restriction ☐ Vomiting ☐ Bingeing ☐ Exercise ☐ Diuretic ☐ Laxatives

Past psychiatric history: ☐ Yes ☐ No Drug & Alcohol issues: ☐ Yes ☐ No

If 'Yes' to either question, provide details below:

Current / previous community support

Psychiatrist (current / previous) Dietitian: (current / previous)

Psychologist: (current / previous) Other: (current / previous)

Client Details and Demographics

Contact phone no: Other contact details:

Medicare no: Expiry: DVA status:

Country of birth: Year of arrival:

Indigenous origin: ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both, Aboriginal & Torres Strait Islander
☐ No, neither Aboriginal or Torres Strait Islander

Occupation or benefit / pension:

Education level:

Next of kin or significant other: Phone no:

Relationship to patient: Address:

Patient has consented to Next of Kin being contacted if required: ☐ Yes ☐ No

Patient consents to referral: ☐ Yes ☐ No

Referrer's details

Referrer's name: Designation:

Practice name:

Contact email: Contact no:

Provider no: Referrer fax:

Referring doctor signature: Date: / /

GP's name (required if not referrer): Practice name:

GP or practice email: Contact no:

GP Provider no: GP fax:

Referring GP 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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Table 1: QuEDS Indicators for Admission to Adult Inpatient Beds(>18yrs)

If **ONE or MORE** of these parameters is met at the time of assessment, inpatient treatment is advised (2). The list in the table is not exhaustive; therefore, any other medical problems which are of concern should be discussed with the relevant medical team. **Contact QuEDS Intake or your local Qld Health Specialist Eating Disorder Service for support during business hours on (07) 3114 0809.**

Medical Parameters		Medical admission indicated ^β	Psychiatric admission indicated ^ψ
Physical observations	Systolic blood pressure	<80mmHg	<90 mmHg
	Postural blood pressure [#]	>20mmHg drop with standing	
	Heart rate	≤40 bpm or > 120 bpm	<50 bpm
	Postural Heart rate [#]	Postural tachycardia > 20bpm [^]	
	Temp	<35.5C	<36.0C
	12-lead ECG	Any arrhythmia including: QTc prolongation, or non-specific ST or T-wave changes including inversion or biphasic waves	
	Blood sugar	Below normal range (<3.0 mmol/L)	
Pathology	Sodium	<125 mmol/L	<130 mmol/L*
	Potassium	Below normal range (<3.5 mmol/L)	
	Magnesium	Below normal range (<0.7mmol/L)	
	Phosphate	Below normal range (<0.75mmol/L)	
	eGFR	<60ml/min/1.73m ² or rapidly dropping (25% drop within a week)	
	Albumin	<30 g/L	Below normal range (<35g/L)
	Liver enzymes	Markedly elevated (AST or ALT >500)	
Nutritional	Neutrophils	<0.7 x 10 ⁹ /L	<1.0 x 10 ⁹ /L
	Re-feeding risk	High – see Appendix II	
Anthropometry	Oral intake	Grossly inadequate nutritional/fluid intake (<1000kCal/4MJ daily) Unmanageable compensatory behavior (vomiting, exercise, laxatives)	
	Weight loss	Rapid weight loss (i.e. 1 kg/week over several weeks)	
Other	Body Mass Index (BMI) [@]	BMI <12 kg/m ²	BMI 12-14 kg/m ²
	Community supports		Not responding to outpatient treatment
		* Please note, any biochemical/electrolyte abnormality which has not responded to adequate replacement within the first 24 hours of admission should be reviewed by a Medical Registrar urgently	

^β Medical admission is recommended if BMI <12 or there are significant abnormalities of physical parameters as indicated in the table above.

^ψ Psychiatric admission is indicated if BMI 12-14, or there are other abnormalities of physical parameters that are not of sufficient severity to warrant medical admission.

[#] Postural HR and BP are measured from lying to standing with a 2minute break.

[^] Postural tachycardia is only a criterion for admission if the patient has restricted oral intake or weight loss.

[@] Body Mass Index (BMI) is Weight (kg)/ Height (m²) – see QuEDS Weight Chart – Appendix VII

NB: For Adolescent admission parameters please refer to "Assessment and treatment of children and adolescents with eating disorders in Qld" see https://www.health.qld.gov.au/_data/assets/pdf_file/0040/956569/qh-gdi-961.pdf

Or 2page summary of Adolescent Admission Parameters on QuEDS internet website

<https://metronorth.health.qld.gov.au/rbwh/healthcare-services/eating-disorder>

For support re: adolescent eating disorder treatment (business hours) contact CYMHS-EDP Intake on (07) 3397 9077.

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