Centre for Clinical Interventions

Youth Eating Disorders (16 + 17 years) Referral & Consent Form

Patient Details

Name: **Sex:** ○ **M** ○ **F** **Identified Gender:**

DOB: **Medicare** №: Exp:

Address:

Phone №: **Mobile** №:

Country of birth: **Email**:

Primary caregiver 1: Relationship:

Mobile № : **Email**:

Primary caregiver 2: **Mobile** №: **Email**:

Resides with (please list):

TREATMENT PROGRAMS (✓ or ✗ the program you are referring for)

NOTE: Suitability for treatment is determined via a detailed assessment with the young person and their primary caregivers

☐ **Family-based treatment (FBT)**: 16 + 17 year olds will always be assessed for suitability for the FBT program

☐ **Individual Treatment**: please indicate why the young person may not be suitable for family-based treatment

NOTE:

- Referrals to Eating Disorders program **must be from a medical practitioner who provides *ongoing* medical management.**

Patients must have a BMI > 16

Height: _____cm, Weight: _____kg

Please ✓ relevant current symptoms

☐ Restricted eating ☐ Binge eating
☐ Vomiting ☐ Laxative use
☐ Unhealthy exercise ☐ Rapid weight loss

Note: Patients must have a minimum Body Mass Index of 16.

Referral Information

Note: *Please check the inclusion & exclusion criteria for CCI referrals*

PRIMARY DIAGNOSIS:

REASON FOR REFERRAL:

CURRENT RISK FACTORS:

(Please note any details as relevant)

☐ Suicide risk
☐ Deliberate self-harm
☐ Alcohol misuse
☐ Drug misuse
☐ Forensic history / history of aggression

Notes/Other:

CURRENT MEDICATIONS AND DOSAGE:

(You may wish to attach a printed medication profile)

CCI offers weekly, outpatient treatment sessions. If risk factors are present, please consider whether these can be appropriately managed in this setting.

*Please **complete referral** overleaf…*

Government of **Western Australia**
North Metropolitan Health Service
Mental Health, Public Health and Dental Services

Centre for Clinical Interventions | Psychological Therapy | Research | Training
223 James Street, Northbridge Western Australia 6003
T: +61 8 **9227 4399** | F: +61 8 **9328 5911**
E: **info.cci@health.wa.gov.au** | www.cci.health.wa.gov.au

PATIENT CONSENT:

*This referral has been discussed with me, and **I am aware of the following:***

- ☐ All appointments at CCI are during normal business hours (9am-5pm, Monday to Friday).
- ☐ There is a waiting list for treatment at CCI.
- ☐ CCI offers a limited number of focused weekly sessions.
- ☐ My parents/primary caregivers may be included in my assessment and treatment at CCI and will be made aware of my referral to CCI.

Patient signature: Date:

REFERRAL SOURCE:

- Referrals to the Eating Disorders program **must be from a medical practitioner** (e.g., GP, Psychiatrist) who can provide **ongoing** medical monitoring of the patient for the duration of treatment

Referrer's Name:		
Position (eg. GP, Psychiatrist):		
Service:		
Address:		
Email:	**Referrer's signature**:	
Referral date: / /	Phone №:	Fax №:

PLEASE LIST ANY OTHER SERVICES THE YOUNG PERSON IS ENGAGED WITH:

Name:	Position:	Organisation:
Name:	Position:	Organisation:
Name:	Position:	Organisation:

Please send all referrals to the Clinic Manager at CCI, 223 James Street, Northbridge WA 6003, **or fax to** (08) 9328 5911, or scan and email to info.cci@health.wa.gov.au. Please call on (08) 9227 4399 if you have any enquiries or if you wish to discuss your patient's needs.

Please consider the following:

INCLUSION CRITERIA:

- CCI is a state-wide service and can accept referrals from all regions within Western Australia
- Patient must be over 16 years of age for the Eating Disorders Program
- Patients must have a current Medicare card
- Patients must have a primary diagnosis of an eating disorder.

EXCLUSION CRITERIA: Referral to CCI is not appropriate for patients who:

- have a Body Mass Index < 16 (an inpatient admission may be required)
- are medically unstable
- misuse alcohol or other drugs (a referral to Next Step may be more suitable)
- have a concurrent diagnosis in the psychotic spectrum
- are concurrently receiving treatment as an inpatient

Thank you for your referral

CCI is an outpatient, state-wide mental health service offering free, evidence-based treatment for eating disorders.

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