

Eating Disorders

Please include the following information when referring to our services:

For Outpatient referrals

- Age
- Contact details of patient including their mobile number
- NHS number
- Details about suspected eating disorder including:
 - Type of eating disorder (Anorexia/Bulimia/Binge Eating Disorder/Mixed Eating Disorder)
 - Any compensatory behaviours (e.g. self induced vomiting; laxative abuse, excessive exercise, etc)
 - Brief history of eating disorder (age of onset, length, mental health service involvement, previous eating disorder treatments)
 - Height, current weight and, if available, information on changes in weight
 - Physical health markers including blood pressure & pulse
- Medical and psychiatric history including:
 - Significant Physical Illness (Current or past)
 - Psychological/Mental Disorder (Current or past)
 - Drug & alcohol misuse (Current or past)
 - History of suicidal behaviour or self harm
 - Past hospital admissions relating to mental health &/or eating disorder
 - Reason for referral

You can also attach additional documents to your online referral, including:

- Latest blood results, particularly urea & electrolytes, creatinine, liver function tests, calcium & phosphate
- Glucose
- Thyroid function tests
- Vitamin B12 & folate
- Full blood count
- ESR
- Past discharge summaries

For Day Care referrals

- Age
- Contact details of patient including their mobile number
- NHS number
- Community Mental Health Team details
- GP details

- Proof/confirmation of funding
- Details about suspected eating disorder including:
 - Type (Anorexia/Bulimia/Binge Eating Disorder/Mixed Eating Disorder)
 - Any compensatory behaviours (e.g. self induced vomiting; laxative abuse, excessive exercise, etc)
 - Brief history of eating disorder (age of onset, length, mental health service involvement, previous eating disorder treatments)
 - Height, current weight and, if available, information on changes in weight
 - Physical health markers including blood pressure & pulse
- Medical and Psychiatric History:
 - Significant Physical Illness (Current or past)
 - Psychological/Mental Disorder (Current or past)
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