



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

**Facility:**

**INFORMATION FOR GP'S  
REGARDING REFERRAL OF AN  
EATING DISORDERED  
ADOLESCENT**

ADOLESCENT AND YOUNG ADULT MEDICINE DEPARTMENT  
Westmead Hospital,  
PO Box 533, Wentworthville, 2145, NSW  
Phone (02) 8890 6788 Fax (02) 9893 9062

**Information for GPs regarding referral of an eating disordered adolescent**

When the Adolescent and Young Adult Medicine Department at Westmead Hospital is asked to consider assessing a young patient for an Eating Disorder, a referral letter from their GP is required. As well as the referral letter, overleaf is a template of minimal information required in order to triage the patient.

New referrals to our tertiary services should be aged between 14 years and 9 months and up to 19 years if still attending high school. Patients who are medically stable and appropriate for our service will be offered an appointment for the next available outpatient clinic once your faxed referral is received. Our secretarial staff will contact the family regarding their appointment date and time. **Please note there may be a waiting list. Whilst waiting for their appointment, please provide or organise ongoing medical review on, at least a weekly basis to ensure the patient's medical stability.**

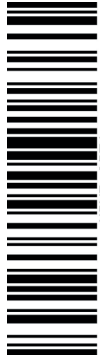
Recommendation for a medical review includes:

- General health assessment
- Weight and height monitoring
- Blood pressure & pulse rate
- Temperature
- ECG
- Blood test to check UEC, especially if vomiting is occurring or suspected.  
Other helpful baseline test results include FBC, Ca, Mg, PO4, LFT's, TFT's, fT4, fT3, TSH, Thiamine, Vit B12, Folate, 250H Vitamin D, Iron Studies, CRP, BSL, CK, Amylase, plus FSH, LH, Oestradiol, B-HCG for females and testosterone levels for males.

If you are concerned about the patient or they are **medically unstable as defined by the parameters below**, they should be referred immediately to the nearest hospital emergency department for assessment. If the patient is on route to Westmead Hospital, please notify the Adolescent Consultant on call via the switchboard on (02) 8890 5555.

**Critical indicators of medically instability requiring hospital admission include any one of the following:**

- **Blood Pressure < 90 mmHg Systolic, or < 50 mmHg Diastolic**
- **Heart rate < 50/min**
- **Temperature < 35.5 C**
- **Abnormal ECG or an ECG with a corrected QT interval of > 0.44m sec or a HR of < 50/min**
- **Significant electrolyte abnormalities**



WSHR-0271

BINDING MARGIN - NO WRITING

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OF AN EATING DISORDERED ADOLESCENT

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