

Item Nos: 90250 – 90257

GP DETAILS						
GP Name			Practice Name & contact			
			details			
Provider No.			uct	alis		
GP preferred method/s of				☐ Phone call		
multidisciplinary t	-					
	Ealli	☐ Email			☐ Other	
communication		☐ Medical Obj	☐ Medical Objects			
PATIENT DETAILS						
First Name			Lact	· Namo		
FIISUNAITIE			Last Name			
Date of Birth			Ger	Gender		
Date of Biltin		GCI	idei			
MENTAL STATUS EXAMINATION						
Appearance				Speech		
Normal	Flat	Constricted		Normal	Tangential	
Immaculate	Disheveled			Pressured	Impoverished	
Eye contact				Attention/Concentration		
Normal	Intense	Avoidant		Normal	Distracted	Selected
Affect				Mood		
Normal	Flat	Constricted		Euthymic	Euphoric	Dysphoric
Liable	Incongruent			Irritable	Anxious	Other
Thought Normal	Flight of ideas	Accelerated		Motor activity Normal	Retardation	Hyperactive
Retarded	Impoverished	Other		Hyperactive	Tics	пурегасцие
Memory	impoverished	Other		Attitude	1103	
Short term intact	Short term impair	-d		Cooperative	Evasive	Hostile
Long term intact	Long term impaire			Defensive	Guarded	Withdrawn
Insight	O P			Orientation		
Good	Poor			Time	Person	Place
Fair	Denial of problem					
Judgement				Sleep		
Good	Fair	Poor				



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ELIGIBILITY FOR EDMP					
EATING DISORDER DIAGNOSIS (DSM-V)	 □ Anorexia Nervosa (AN) (meets criteria for an EDMP) OR □ Bulimia Nervosa (BN) □ Binge Eating Disorder (BED) □ Other Specified Feeding or Eating Disorder (OSFED) 			additional criteria	
EDE-Q GLOBAL SCORE $(score \ge 3 \text{ for eligibility})$					
EATING DISORDER BEHAVIORS (at least 1 for EDMP eligibility)	 □ Rapid weight loss □ Binge eating (frequency ≥ 3 times/ week) □ Inappropriate compensatory behaviour (e.g. purging, excessive exercise, laxative abuse) (frequency: ≥ 3 times/week) 				
CLINICAL INDICATORS (at least 2 for EDMP)	nderweight (< 85% expected weight with weight loss due to eating			
eligibility)	☐ Current or high risk of medical complications due to eating disorder				
	☐ Serious comorbid psychological or medical conditions impacting function				
	☐ Hospital admission for eating disorder in past 12 months				
	☐ Inadequate response to evidence-based eating disorder treatment over past 6 months				
EDMP ELIGIBILITY MET	☐ YES ☐ NO (cc		□ NO (consider N	Mental Hea	lth Care Plan and/or Chronic Disease Management Plan)
SUICIDE RISK ASSESSMENT					
ASSESSMENT	Idea Mea		Previous attempts Impulsivity		Plan Settling of affairs
SAFETY PLAN					
INITIAL TREATMENT RECOMMENDATIONS UNDER EDMP					
Psychological treatment services		Dietetic services		Psychiatri	c/paediatric review*
Referred to:		Referred to:		Referred	to:



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PATIENT TREATM	MENT GOALS				
PRESENTING CONCERNS			GOALS		
Abnormal eating pattern Restriction Purging Binge eating Chew & spit			☐ Establishment of regular eating behaviour		
Deviation from typical body weight Weight loss Weight gain Weight fluctuations			☐ Restoration of healthy body weight		
Physiological complications of eating disorder Malnutrition Cardiac GIT Electrolyte abnormalities Amenorrhea			☐ Reversal of same		
Maladaptive compensatory behaviours Vomiting Laxative abuse Stimulant abuse Over-exercise Diuretic abuse			☐ Supported cessation of same		
Exercise Driven, compulsive, or excessive exercise (detail)			☐ Development of healthy relationship with exercise		
Body image Disturbance in the way body is viewed or experienced			☐ Address body image concerns		
Psychosocial Negative impact on relationships Negative impact on work/study Other			☐ Reclaim losses, build a fulfilling & balanced life		
Relapse Risk of future relapse			☐ Relapse prevention		
EATING DISORDERS PATIENT PHYSICAL ASSESSMENT					
ASSESSMENT	FINDINGS	MODERATE ALERT MONITOR WEEKLY		HIGH ALERT MEETS ADMISSION CRITERIA	
ВМІ		BMI <16		BMI <13	
Weight loss		Weight loss > 0.5kg for several		Weight loss 1kg or more for several	

weeks

Systolic – 90mmHg

Diastolic - 60mmHg

Blood Pressure

weeks

Systolic – 80mmHg

Diastolic - 50mmHg



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		1			
				OR Postural Drop >10mmHg	
				<40bpm	
Heart Rate		<50bpm		OR Postural Tachycardia >20bpm increase	
Temperature		<36° C		<35.5° C OR cold/blue extremities	
Fluid and electrolyte changes		Phosphate – 0.5-0.9mmol/L Potassium – <3.5mmol/L Sodium – <130mmol/L		Phosphate – <0.7mmol/L Potassium – <3.0mmol/L Sodium – <125mmol/L	
Liver enzymes		AST -> 40 ALT -> 45		AST ->100 ALT ->100	
Nutrition		Albumin – <35g/L Glucose – <3.5mmol/L		Albumin – <30g/L	
Cardiovascular – ECG		<50		<40 OR Prolonged QT Interval >450msec OR Arrythmias	
eGFR				<60ml/min/1.73m ² OR rapidly dropping (25% within a week)	
Bone Marrow		Neutrophils <1.2 x 10 ⁹ /L		Neutrophils <1.5 x 10 ⁹ /L	
Physical Observations		Swollen ankles Pitting oedema Significant bruising			
GP REFERRAL RE					
Suicide risk performed			☐ YES	□NO	
Physical examination conducted			☐ YES	□NO	
Patient education given			☐ YES	□ NO	
Copy of EDMP given to patient Copy of EDMP given to other providers			☐ YES ☐ YES	□ NO □ NO	
coby or EDIVIP 8	iven to other providers		□ IE3	LI IVO	



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RECORD OF PATIENT CONSENT		
•		atient name - please print clearly) agree to een the GP and the health professionals to
Signature (patient):	Date:	
proposed uses and disclosures an	nd has provided their informed conse	
GP Signature	GP Name	Date
GP REVIEW REQUIREMENTS Mental health: Prior to or at se	essions 10, 20 & 30 of psychological	treatment & at EDMP completion
☐ Dietetics: After Session 1 or 2 a	and at EDMP completion	
Note: PSYCHIATRIC OR PAEDIATRI Required in addition to GP revi		der referring early in course of treatment

- Family based treatment
- Adolescent focused therapy
- CBT
- CBT-AN
- CBT- BN/BED
- SSCM for AN
- MANTRA for AN
- IPT for BN or BED
- DBT for BN or BED
- Focal psychodynamic therapy for EDs

^{*}Assessment by psychiatrist/ paediatrician required for patient to access EMPT psychological sessions 21-40 ^Psychological treatments allowed under EDMP (to be determined by MH professional):