



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

**Eating Disorder Intensive Program for Adolescents (EDIPA)  
Including Regional and Rural Telemedicine Outreach Program**

**REFERRAL PACKAGE**

**PROCESS FOR EDIPA REFERRAL**

1. All young people referred to EDIPA must be linked in with a NSW Mental Health Service and be medically monitored.
2. If there are no local medical/ paediatric and/or mental health staff connected with the family, this must be arranged before a referral is made
3. There is an expectation that the referring team remain involved with the patient after discharge from EDIPA
4. Complete the attached referral form and return to central intake:

**Joanne Titterton**

**Clinical Nurse Consultant**

**SCHN Eating Disorders Service, The Children's Hospital at Westmead**

**Phone: 98452446**

**Email: [Joanne.titterton@health.nsw.gov.au](mailto:Joanne.titterton@health.nsw.gov.au)**

Please ensure:

- a. Any previous family assessments and/or other relevant clinic letters are attached with referral
- b. Each referral identifies a key contact person
- c. The family are aware of the referral and understand the process
- d. If referral to the face-to-face Intensive Program is being considered, please indicate which stream: Multi-Family Therapy, 2 Week Intensive, Day Program

**Following the receipt of a referral:**

1. EDIPA will liaise with the family and local team to organise an initial assessment or consultation
2. If accepted for the face-to-face intensive program EDIPA will indicate a likely commencement date and co-ordinate with the family and team accordingly

Yours sincerely

**Dr Julian Baudinet**

*Team Leader / Clinical Psychologist*

EDIPA



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

Please ensure the following items are included/satisfied in the referral form-

<input type="checkbox"/>	The purpose of the requested referral is clearly defined
<input type="checkbox"/>	Eating disorder & mental health assessment including current risk assessment
<input type="checkbox"/>	Weight & Height Chart or recent data for the last 4-6 weeks
<input type="checkbox"/>	A recent physical examination and relevant blood tests/investigations
<input type="checkbox"/>	The contact details of key stakeholders such as family, guardian, psychiatrist, school, psychiatric or medical community services, FACS, DADHC, GP
<input type="checkbox"/>	Any reports, court orders, or other information deemed relevant



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

<b>Referrer details</b>	
Name:	Position:
Phone number:	
Email:	

<b>Patient details</b>			
First name:		DOB:	
Surname:		Age:	Gender:
Home address:			
Home telephone:		Mobile telephone:	
Where is the patient currently? Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/>			
What is the primary language spoken at home?			
Young Persons family and household (Genogram)			
Mental Health Act Status			



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

Educational/Vocational Status Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending: <input type="checkbox"/> Yes <input type="checkbox"/> No School/Tafe: _____ Grade/Year: _____  Adjustments /Pathways: _____			
<b>Parent/Guardian details</b>		<b>Parent/Guardian details</b>	
Name:		Name:	
Address:		Address:	
Occupation:		Occupation:	
Home telephone:		Home telephone:	
Email		Email	
Mobile telephone:		Mobile telephone:	
Primary contact?	Y / N	Primary contact?	Y / N
<b>Other Services Involved</b> (CAMHS, FACS, Private Clinicians, Juvenile Justice, NGO's,)			
Name:		Position:	
Phone Number:		Email:	
Name:		Position:	
Phone Number:		Email:	
Name:		Position:	
Phone Number:		Email:	



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

<b>Eating Disorder Diagnosis:</b>	Approximate Duration of illness:
<b>Other diagnosis / co-morbidity:</b>	

**Medical Conditions:**

**Current Physical Observations:**

Date: \_\_\_\_\_  
HR: \_\_\_\_\_ BP: \_\_\_\_\_ Temp: \_\_\_\_\_

**Physical Symptoms:**

Dizziness  Faints  Abdominal Pain  Constipation  Other

Brief details.....

**Growth and Development History:**

Current Weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_ BMI: \_\_\_\_\_ % EBW / median BMI:

Date: \_\_\_\_\_

Maximum Weight: \_\_\_\_\_ Date: \_\_\_\_\_

Minimum Weight: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence of reduced growth velocity e.g. no change in height over 6 months

Brief details.....(can include growth chart)

Current Estimated Goal Weight (or range if known): \_\_\_\_\_ kg

**Menstrual History:**

Primary Amenorrhea  Secondary Amenorrhea

Age of Menarche:

Last Menstrual Period: (date/age/weight)

**Medications:**

**History and Description of Eating Disorder Development**

(Consider Predisposing, Precipitating and Maintaining factors)



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

**Eating Disorder Behaviour Checklist:**

- Restricting:  brief details if not described above.....
- Reduced / Rigid food repertoire
- Excessive Exercising:  brief details if not described above.....
- Purging / Vomiting:  brief details if not described above.....
- Bingeing:  brief details if not described above.....
- Laxatives:  brief details if not described above.....

**History of Co-morbid or Other mental health issues:**

**Other Relevant Personal and Family History:**

e.g. significant developmental history, significant life events for the young person and their family, family history of mental illness, family functioning

**Hospitalisation:**

Location / dates

**Psychological/Family Treatment(s):**

Treatment Type:	Name of organisation and therapist:
# of Sessions:	Treatment Response: (e.g. weight gain, progressed to Phase 2)
Treatment Type:	Name of organisation and therapist
# of Sessions:	Treatment Response:

**Follow Up:** Who will be responsible for local patient care whilst they are involved with EDIPA?

Medical / Paediatric:

Mental Health:



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

<p><b><u>Current Mental State:</u></b> Include eating disorder and comorbid symptoms</p>
<p><b><u>Risk Assessment Summary:</u></b></p> <p>Aggression <input type="checkbox"/>      Self Harm <input type="checkbox"/>      Suicide <input type="checkbox"/>      Absconding <input type="checkbox"/></p> <p>Sexual Safety Risk <input type="checkbox"/>      Child Protection <input type="checkbox"/>      Domestic Violence <input type="checkbox"/>      AOD <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>Details:</p>
<p><b><u>Other Relevant Information:</u></b></p>
<p><b><u>Maintaining and Protective Factors:</u></b></p> <p>Factors promoting recovery: e.g. individual motivation, family's strengths</p> <p>Factors impeding progress: e.g. poor attendance, poor parental unity, systemic interference, therapeutic alliance, individual factors</p>
<p><b><u>Aims of Treatment and any specific Consultation Question(s):</u></b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>



**Eating Disorder Intensive Program for Adolescents (EDIPA)  
SCHN Westmead Eating Disorder Service**

Sydney Children's Hospital Network  
The Children's Hospital at Westmead  
Cnr Hawkesbury Road and Hainsworth Street  
Westmead, NSW Australia  
Locked Bag 4001, Westmead 2145, NSW Australia  
Tel: 9845 3338  
Fax: 9845 0663

<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul> Regional and Rural Outreach Program (Telemedicine) referral <input type="checkbox"/>
If referral to Intensive Program is being considered, please indicate which element(s)  Multi-Family Therapy <input type="checkbox"/> 2 Week Intensive <input type="checkbox"/> Day Program <input type="checkbox"/>
<b>For Office Use Only</b>
<b>Tick box if 'yes' and add information if not yet covered</b>
Accommodation <input type="checkbox"/>
Comorbid Illnesses <input type="checkbox"/>
Mental Health Follow Up <input type="checkbox"/>
Aggression <input type="checkbox"/>
Child Protection <input type="checkbox"/>
Developmental Delay <input type="checkbox"/>
Education <input type="checkbox"/>
Family functioning <input type="checkbox"/>
Forensic <input type="checkbox"/>
Interpreter needed <input type="checkbox"/>
Substance Abuse <input type="checkbox"/>
Sexual Assault <input type="checkbox"/>
Domestic Violence <input type="checkbox"/>