

Last updated March 2024

# **Windsor- Essex Eating Disorders** **Centralized Intake Referral Form**

(Fax completed referral forms to INTAKE at (519) 969-0227)

Incomplete or illegible forms will be returned for completion.

**Referral must be completed by patient's Primary Care Provider.**

\*We **do not** offer inpatient or hospitalization services\*

Name: _____ DOB: _____
Preferred Name: _____ Gender Identity: _____
Pronouns: _____
Address: _____
Phone: _____ OHIP: _____
Permission to call: Yes/No    Permission to leave message: Yes/No

Before you submit a referral to the BANA outpatient eating disorder clinic, please complete the Level of Care Self-Assessment (LoCSA) with your patient if they are 16 years or older. The Self Assessment guide will help you and your patient in determining the appropriate level of care for treatment of an eating disorder and ensure you are putting in a referral to the right program for your patient's needs.

[\*\*Step 1: Complete the form below and return to BANA\*\*](#)

[\*\*Step 2: Click Here to Start Level of Care Self-Assessment\*\*](#)

Date self assessment completed: \_\_\_\_\_ (mm/dd/yyyy)

Reason for referral/Diagnosis:

Previous Eating Disorder diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_ Diagnosis provided by: \_\_\_\_\_

Eating Disorder Signs/Symptoms over last 3 months:

Fasting/Restricting Intake	<input type="checkbox"/>	Binge Eating	<input type="checkbox"/>
Self Induced Vomiting	<input type="checkbox"/>	Laxative/Diuretic Use	<input type="checkbox"/>
Diet Pills	<input type="checkbox"/>	Misuse of prescribed medications (i.e. stimulants)	<input type="checkbox"/>
Excessive Exercise	<input type="checkbox"/>	Chewing and Spitting food	<input type="checkbox"/>
Other (i.e. food rituals/hiding food/body dysmorphia)	<input type="checkbox"/>		

General Frequency of Symptoms per week: \_\_\_\_\_ per month: \_\_\_\_\_

VS:      BP:      /      HR: \_\_\_\_\_  
**\*must be collected from the last 3 months**

Current Wt: \_\_\_\_\_ Current Ht: \_\_\_\_\_ BMI: \_\_\_\_\_ Any significant weight fluctuations within the last 3 months? Y/N  
**\*must be collected from the last 3 months**

If patient is a child/teen, has there been failure to gain expected weight/height, or a delay in development? Y/N  
\*please attach Growth Chart

Medical History:	Surgical History:
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Chronic, physical, and mental health condition stable: Y/N/Other \_\_\_\_\_

List of Current Medications: \_\_\_\_\_

- Please attach a copy of **blood work which includes: CBC, Electrolytes including extended lytes (Ca, Mg, PO4), Cr, random glucose, LFTs, Liver Enzymes, TSH, and lipids, and ECG completed within last 3 months**, in addition to any pertinent reports and consultation notes. **Please note your referral will not be triaged until bloodwork and ECG have been received.**

**Patient must be agreeable to referral. Treatment is not guaranteed and will be offered if appropriate. Interventions are time sensitive, prioritizing normalized eating and reducing eating disorder behaviours.**

Date of Referral: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Are you the patient's Primary Care Provider: Y/N

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Referring Provider's Signature: \_\_\_\_\_

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Before forwarding your referral, please consider the following eligibility criteria:

- **BMI of 16.5 or above** (\*if BMI < 16.5, please refer to links below for intensive treatment options)
- Stability of chronic conditions, as well as physical and mental health
- Cannot be heavily dependent on substances that result in cognitive impairment/sedation, which would render the patient unable to participate in program content
- Ready to work on recovering from the eating disorder, with patient agreeing to regular medical monitoring and eating food while in program
- Must be able to actively engage in activities of daily living
- Cannot be currently incarcerated, in hospital, residential or day treatment
- Cognitive, language or daily functioning impairments may limit patient ability to engage in program content

**Note:** The primary health care provider remains responsible for all medical management for outpatient eating disorder patients.

**Thank you for your referral. If you require any further information, please do not hesitate to contact Windsor-Essex Eating Disorders Centralized Intake at: Ph: (519) 969-2112 Fax: (519) 969-0227**

For intensive treatment options (CHILD/ADOLESCENCES)

- London Health Sciences Center - <https://www.lhsc.on.ca/child-and-adolescent-mental-health-care-program/our-program-and-services>
- McMaster Children's Hospital - <https://www.hamiltonhealthsciences.ca/mcmaster-childrens-hospital/areas-of-care/services/eating-disorder-program/>
- Sick Kids - <https://www.sickkids.ca/en/care-services/clinical-departments/adolescent-medicine/>
- North York General - <https://www.nygh.on.ca/areas-care/maternal-newborn-and-paediatric-care/paediatrics/paediatric-outpatient-clinics/child-and-adolescent-eating-disorders-program>
- CHEO - <https://www.cheo.on.ca/en/resources-and-support/eating-disorders.aspx>
- Ontario Shores Centre for Mental Health Sciences - <https://www.ontarioshores.ca/services/eating-disorders-unit-edu>

For intensive treatment options (ADULTS).

- Credit Valley - <https://www.mississaugahaltonhealthline.ca/displayservice.aspx?id=91132>
- Toronto General - [https://www.uhn.ca/MentalHealth/Clinics/Eating\\_Disorder](https://www.uhn.ca/MentalHealth/Clinics/Eating_Disorder)
- London Health Science Centre - <https://www.lhsc.on.ca/adult-eating-disorders-service-aeds/the-adult-eating-disorders-service>
- Ottawa General Hospital - <https://www.ottawahospital.on.ca/en/clinical-services/deptpgrmcs/programs/regional-centre-for-the-treatment-of-eating-disorders/>

We are not a crisis service, if your client is in crisis, please direct them to their nearest emergency room, or contact one of the two crisis options in Windsor-Essex or Canada's National Suicide hotline:

- **Distress Centre Windsor Essex County:** 519-256-5000 (operates noon to midnight)
- **Community Crisis Centre Windsor Essex County:** 519-973-4435 (operates 24 hours)
- Canada Suicide Prevention Service toll-free number: 1.833.456.4566 (operates 24 hours)