Children & Young People Mid-Mersey CEDS
(CYP Mid Mersey CEDS)
Knowsley & St Helens
Knowsley Resource & Recovery Centre, Whiston Hospital
Prescot
Merseyside
L35 5DR

Telephone No 0151 4301321
Fax No 0151 430 1397

NHS
North West
Boroughs Healthcare
NHS Foundation Trust

Eating Disorder Service Referral Form

(Please complete as much as possible)

Date of Referral:					
Name, Designation, address and Contact details of referrer :					
Patient Details					
Reg No:			Gender:		
Surname:		Forename:		Title:	
Previous surname:		Date of Birth:		Age:	
Address:			Home Tel. No: Mobile No:		
GP Practice Address:					
Any Disability?					
Are there any safeguarding issues (including lack of capacity) of which we should be aware of?					
Interpreter Required/Language:					
Ethnic Group:					
Religion:					

Is the young person aware of the referral- Yes/No	**Are the Parent/carer aware of the referral Yes/No**
Young Person's Parent/Carer Name	
Young Person's Parent/Carer contact number	
Name of School	

Referral Information:

Main Difficulties	Mark with an X as appropriate	Additional Information
Body Image Disturbance		
Binge Eating		
Excessive Exercise		
Restricting food intake		
Laxative Use		
Fear of weight gain or drive for thinness		
Loss of control of eating		
Self-induced vomiting		

Preoccupation of food/weight/shape		
Low Mood		
Anxiety		
Obsessive behaviour or thoughts		
Other (please give details)		
Any Additional Information		
BP Pulse		
Current and Previous Weights:		
Current and Previous Heights		
BMI or Weight for Height		
Medical History		
Medications		
Allergies		

Risk Assessment	**Mark with an X as appropriate**	**Additional Information and timescales**
Low weight		
Rapid recent weight loss		
Restricting fluid intake		
Suicidal ideation		
Self – harming		
Self-neglect		
Harm to others		
Drug or alcohol misuse		
Previous admission for an eating disorder		
Poor support		
Denial of eating disorder		
Poor school attendance		
Safe guarding issues		
Physical symptoms		
Dizziness/fainting/loss of consciousness		
General weakness		
Feeling cold		
Amenorrhoea (periods not started/stopped)		
Other		

<u>Please note GP's will be notified of the outcome of this referral by the Eating Disorder team. (*Within 48 hours by letter, Fax or by phone)*</u>

For Eating Disorder Team to Complete		
Decision made by ED Team/Designation/Date/ Name of Staff		*Date Of Referral*
	Accepted	
	Signposted	
	Advice given	

If there are significant concerns about the physical health of this young person in relation to their Eating Difficulties GP's should call the Mid Mersey ED service and discuss and also send the referral.