BLACK SWAN HEALTH

GP EATING DISORDERS PLAN (EDP)

Item Nos: 90250 - 90257

GP DETAILS					
GP Name Provider No.			Practice name & address		
Practice postcode		Practice phone		Practice fax	
GP or practice email					
GP preferred method/s of multidisciplinary team communication	☐ Letter ☐ Email ____________ ☐ SMS ____________ ☐ Phone call ____________ ☐ Other ____________				

PATIENT DETAILS			
First Name		Last Name	
Date of Birth		Age	
Marital Status	☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Married/De facto		
Current Gender Identity	☐ Female ☐ Male ☐ Non-binary ☐ Not Stated ☐Transgender Female/Male-Female ☐ Transgender Male/Female-Male		
Address			
Suburb		Postcode	
Phone 1		Phone 2	
Country of Birth		Cultural Identity	
Aboriginal or Torres Strait Islander	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Unknown		
Main language spoken at home			
Proficiency in spoken English	☐ Very Well ☐ Well ☐ Not Well ☐ Not at All		

Family/ support person details Consider involving support person in session if appropriate	

ELIGIBILITY FOR EDP	
EATING DISORDER DIAGNOSIS (DSM-V) https://insideoutinstitute.org.au/resource-library/dsm-5-diagnostic-criteria-for-eating-disorders	☐ Anorexia Nervosa (AN) *(meets criteria for an EDP and additional eligibility criteria not necessary)* ☐ Bulimia Nervosa (BN) ☐ Binge Eating Disorder (BED) ☐ Other Specified Feeding or Eating Disorder (OSFED) *must meet all other criteria*
EDE-Q Global Score *(score ≥ 3 for eligibility)* https://insideoutinstitute.org.au/assessment?started=true	
EATING DISORDER BEHAVIOURS *(at least 1 for EDP 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 EDP eligibility)*	☐ Clinically underweight *(< 85% expected weight with weight loss due to eating disorder)* *Detail:*
	☐ Current or high risk of medical complications due to eating disorder *Detail:*
	☐ Serious comorbid psychological or medical conditions impacting function *Detail any psychological/ medical comorbidities and impact on health/ function:*
	☐ Hospital admission for eating disorder in past 12 months
	☐ Inadequate response to evidence-based eating disorder treatment over past 6 months *Details:*
EDP ELIGIBILITY CRITERIA MET	☐ YES ☐ NO *(consider Better Access to mental health plan)*

IINITIAL TREATMENT RECOMMENDATIONS UNDER EDP		
Psychological treatment services (EDPT) (Initial 10 sessions)	Dietetic services (up to 20 in 12 months)	Psychiatric/paediatric review

		Assessment by psychiatrist/ paediatrician required for patient to access EDPT sessions 21-40
Referred to: Goals: Psychological treatments allowed under EDP (to be determined by MH professional): • 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	Referred to: Goals:	Referred to:

Actions record the actions the patient needs to make

Emergency Care/Relapse Prevention

Physical examination conducted (see attached)	☐ YES	☐ NO
Patient education given	☐ YES	☐ NO
Copy of EDP given to patient	☐ YES	☐ NO
Copy of EDP given to other providers	☐ YES	☐ NO

GP REVIEW REQUIREMENTS

☐ Mental health: Prior or at sessions 10, 20 & 30 of psychological treatment & at EDP completion

☐ Dietetics: after Session 1 or 2 and at EDP completion

Note: PSYCHIATRIC OR PAEDIATRIC REVIEW
Required in addition to GP review to access sessions 21-40. Consider referring early in course of treatment

MENTAL HEALTH ASSESSMENT & HISTORY

Previous specialist mental health care	
Family History of Mental Illness	
Social history	With whom does the person live? Highest education level completed: What is their employment status? Other Relevant Information:
Personal History	(eg childhood, education, relationship history, coping with previous stressors)

Mental Status Examination	
Appearance and General Behaviour Normal Other:	**Mood** (Depressed/Labile) Normal Other:
Thinking (Content/Rate/Disturbances) Normal Other:	**Affect** (Flat/blunted) Normal Other:
Perception (Hallucinations etc.) Normal Other:	**Sleep** (Initial Insomnia/Early Morning Wakening) Normal Other:
Cognition (Level of Consciousness/Delirium/Intelligence)	**Appetite** (Disturbed Eating Patterns)
Attention/Concentration	**Motivation/Energy**
Memory (Short and Long Term)	**Judgement** (Ability to make rational decisions)
Insight	**Anxiety Symptoms** (Physical & Emotional)
Orientation (Time/Place/Person)	**Speech** (Volume/Rate/Content)

Risk Assessment	
Suicidal ideation ☐ YES ☐ NO	Suicidal intent ☐ YES ☐ NO
Current plan ☐ YES ☐ NO	Risk to others ☐ YES ☐ NO

RECORD OF PATIENT CONSENT

I, ____, (**patient** name - please print clearly)
Agree to information about my mental and medical health to be shared between the GP and the health professionals to whom I am referred, to assist in the management of my health care.

____________________________________ **Date:**
Signature (patient):

I (GP) have discussed the proposed referral(s) with the patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

____
GP Signature **GP Name** **Date**

*** Verbal consent documented in patient health record**

EATING DISORDERS PATIENT PHYSICAL ASSESSMENT	
SUGGESTED INITIAL PHYSICAL ASSESSMENT	Height, weight, body mass index (BMI; adults), BMI percentile for age (children) Pulse and blood pressure, with postural measurements Temperature Assessment of breathing and breath (eg ketosis) Examination of periphery for circulation and oedema Assessment of skin colour (eg anaemia, hypercarotenaemia, cyanosis) Hydration state (eg moisture of mucosal membranes, tissue turgor) Examination of head and neck (eg parotid swelling, dental enamel erosion, gingivitis, conjunctival injection) Examination of skin, hair and nails (eg dry skin, brittle nails, lanugo, dorsal finger callouses [Russell's sign]) Sit-up or squat test (ie a test of muscle power)
USEFUL LABORATORY INVESTIGATIONS	Full blood count Urea and electrolytes, creatinine Liver function tests Blood glucose Urinalysis Electrocardiography Iron studies B12, folate Calcium, magnesium, phosphate Hormonal testing – thyroid function tests, follicle stimulating hormone, luteinising hormone, oestradiol, prolactin Plain X-rays – useful for identification of bone age in cases of delayed growth Bone densitometry – relevant after 9–12 months of the disease or of amenorrhoea and as a baseline in adolescents. The recommendation is for two-yearly scans thereafter while the DEXA scans are abnormal.