The Ottawa Hospital
L'Hôpital d'Ottawa

Adult Eating Disorders Program Referral for Assessment

Telephone: (613) 737-8010
Fax: (613) 737-8115
NOTE: Forms that are incomplete or not clearly printed will be returned

Date of Referral: _______________

Referring MD/NP Name (Print):
_________________________ OHIP Billing No: ____________

Primary Care Provider Name (Print):
_________________________ OHIP Billing No: ____________

NOTE: PRIMARY CARE PROVIDER IS RESPONSIBLE FOR THE MEDICAL MONITORING OF THEIR PATIENT WHILE WAITING FOR ADMISSION AND POST DISCHARGE FROM THE EATING DISORDER PROGRAM.

*Suggested Medical Monitoring Guidelines attached.

❒ I have read and accept the medical monitoring guidelines

Signature of GP or NP: ____

(print): ____

Gender Identity: ❒Female ❒Male ❒Other

DOB: _______________________ (dd/mm/yy)

Address: ____

Health card Number: ____ Version Code: _______________________________________

Telephone Contacts:

Leave messages of a confidential/medical nature:

Home: ___________________________________ ❒Yes❒No
Work: ______________________________________❒Yes❒No
Cell: ______________________________________❒Yes❒No
Has the patient indicated specific concerns regarding confidentiality: ❒Yes ❒No
If yes, please clarify:
____

Language(s): ❒ English ❒ French

❒ Other: ____________________

Name of other contact person: ____________________
Telephone Number: ______________________________

Presenting Problems:

1) ____
2) ____
3) ____

Current Medications (include name, dose, route, frequency):

1) ____
2) ____
3) ____
4) ____

Eating Disorder Symptoms

Current Weight: _________ Height: ________BMI: _____________

	NO	YES	FREQUENCY	
			# PER DAY	# PER WEEK
Food Restriction				
Binge Eating				
Induced Vomiting				
Laxatives				
Diet Pills				
Diuretics				
Excessive Exercise				

Associated Mental Health Issues:

Physical Exam / Positive Findings / Serum Electrolytes:

Substance Use:
❒ Alcohol ❒ Street drugs ❒ Prescription drugs
❒ Other: ____

List other Eating Disorder Programs/Mental Health Services you have currently referred the patient to: