GP EATING DISORDERS PLAN (EDP)

Item Nos: 90250 - 90257

GP DETAILS

GP Name	<UsrName>	Practice Name & address	<Practice>
Provider No.	<DrProviderNo>		<DrStreet> <DrCity> <DrState>

Practice postcode	<DrPostcode>	Practice phone	<DrPhone>	Practice fax	<DrFax>

GP or practice email	<DrEmail>
GP preferred method/s of multidisciplinary team communication	☐ Letter ☐ Email. ____________________ ☐ SMS ____________________ ☐ Phone call ____________________ ☐ Other ____________________

PATIENT DETAILS

First Name	<PtFirstName>	Last Name	<PtSurname>
Date of Birth	<PtDoB>	Age	<PtAge>

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	<PtStreet>

Suburb	<PtCity>	Postcode	<PtPostcode>
Phone 1	<PtPhoneMob>	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)
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)*

INITIAL 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.

Signature (patient): **Date:** <TodaysDate>

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**
	<UsrName>	<TodaysDate>

*** 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)

<table>
<tr><td>USEFUL LABORATORY INVESTIGATIONS</td><td>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.</td></tr>
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