



GP Referral

GP/ Health Care Professional use ONLY

Ashley Cross Eating Disorder Services Referral Form: Self Referral

Contact Number: 01202 910122

Email Address: referral@aceds.co.uk

ACEDS offers assessment and treatment for people with eating disorders. The referral form must be **completed in full** for us to determine if referral criteria has been met. If you have any queries about whether a referral is appropriate, please contact the service. Please email the completed referral form so that our team can get in touch with the client.

Please confirm if this is a

Self Referral

GP Referral

Name of referring Individual
(GP Surgery/ Referring team)

Email address of Refree

GP Name

GP Address

Client Name

NHS Number

Client Address

Contact Phone Number

Date of Birth

Reason for Referral

Physical Health

Weight

Height

BMI

BP

Pulse

Please confirm recent blood results (from within the last month) Blood tests to include: FBC, WBC, LFTs, U & Es, phosphate, magnesium, ESR, Fe studies (additional if no menstruation in last 6 months bone profile, cardiac profile, B12/folate) If BMI <16.5, please confirm that a recent ECG has been completed



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Eating Disorder Behaviour

	Yes	No	(If Yes how frequent. <i>Must be Completed</i>)
Vomiting			
Use of Laxatives			
Binging (Eating a lot of food in a short period of time with a feeling of loss of control)			
Weight is currently			

History of Eating Difficulties

Other Information

Please highlight any risk to self or others
If 'Yes' please provide details

Yes No

Are any other services involved in treatment?
If 'Yes' please provide details

Is the Client aware of this referral?

Is the Client Motivated to seek help?

Is the client Type 1 Diabetic (Insulin Dependent)
If 'Yes' please provide details of who manages the clients diabetes, GP/ Specialist service

What is the Clients preferred Language?



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Service Request List (please tick appropriate)

	Yes	No
One-to-One Psychological Therapy		
One-to-One Dietetic/Nutrition Support		
Online Group Therapy Programme		
In Person Support Group		
Online Day Programme (Workshops, Therapeutic and Dietetic support and Meal/Snack support)		
Online Self Help Programme		

Referrers Check List

	Yes
Referral is completed FULLY, including frequencies	
Are blood test results attached	
If BMI < 16.5 is ECG attached	
Any additional information is attached	