

General Practitioner Referral for Admission to the Eating Disorder Program

Please complete in full and return to Intake on Fax no: 9420 9351

For further enquires please contact the Nurse Unit Manager on: 9487 4613

For further information visit: www.themelbourneclinic.com.au

Past psychiatric history (N.B. please include copies of correspondence):

Past Medical & Surgical history:

Family/Social History:

Medications:

Bloods and E.C.G. (please enclose recent blood results and E.C.G):

History of addictions or forensics (please see overleaf for additional patient information):

Signed:

Date: