Bayside Health

MRN

Campus: Alfred Care Group, Ngamai Wilam, Armadale, Vic

REFERRAL FOR ADMISSION TO NGAMAI WILAM

Last name*		First name/s*		Date of birth*	

*mandatory fields

Complete this referral electronically and email to: ngamaiwilamreferral@alfred.org.au
NB: handwritten or scanned referrals will not be accepted
Enquiries T 03 9076 4191 W Bayside Health Ngamai Wilam

Participant has verbally consented to this referral*	☐ Yes ☐ No	**Referral date***	

Participant information			
Sex at birth	☐ Female ☐ Male ☐ Other	Gender identity	☐ Female ☐ Male ☐ Non binary ☐ Not stated ☐ Prefer not to answer ☐ Different term
Marital status	☐ Never married ☐ Married / De facto ☐ Divorced ☐ Prefer not to answer ☐ Separated ☐ Widowed ☐ Not stated	Religion	☐ Not stated ☐ Prefer not to answer
Address			
Telephone/s		Email	
Preferred method of communication	☐ Email ☐ Telephone ☐ SMS ☐ Letter ☐ Exclude mail out		
Medicare number		Ref	Expiry	NDIS number	
Private health insurance	☐ Yes ☐ No	If yes, fund name & number	
Ambulance Victoria	☐ Yes ☐ No		
Interpreter ☐ Yes ☐ No		Language	
Aboriginal status	☐ Not Aboriginal or Torres Strait Islander ☐ Torres Strait Islander not Aboriginal ☐ Aboriginal not Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Prefer not to answer ☐ Not specified		
Cultural / support needs			
Contact person name		Relationship		Telephone	
Nominated Support Person name		Relationship		Telephone	
Advance Statement of Preferences	☐ Yes ☐ No	*If yes, attach*	

Current supports	**Name and address**	**Email and telephone number**
General Practitioner		
Psychiatrist		
Psychologist		
Area Mental Health Service		
Dietitian		
Other (*eg, NDIS coordinator)*		

Referrer details			
Name		Role	
Organisation & address			
Telephone		Email	

EMR: Admission / Admission Request

XX
150EF

Bayside Health

MRN

Campus: Alfred Care Group, Ngamai Wilam, Armadale, Vic

REFERRAL FOR ADMISSION TO NGAMAI WILAM

Last name*		First name/s*		Date of birth*	

Eating Disorder Details

Complete all sections - incomplete referrals will not be considered.
Supporting information needs to be provided as part of the referral.

Diagnosis	☐ Anorexia nervosa ☐ Avoidant/Restrictive Food Intake Disorder (ARFID) ☐ Bulimia nervosa ☐ Binge Eating Disorder (BED) ☐ Other Specified Eating Disorder (OSFED)						
Weight (kg)		**Height (cm)**		**BMI (kg/m^2)**		**Measurement date** *(within 2 weeks of referral)*	

Reason for referral (*what are the presenting problems? What would you like to address?)*	

Disordered Eating Behaviours

Current oral intake *(food and fluid)*	Breakfast	Afternoon tea
	Morning tea	Dinner
	Lunch	Supper

Binge eating – *quantity and frequency*	
Purging/vomiting - *frequency*	
Laxative use – *quantity and frequency*	
Diuretic use – *quantity and frequency*	
Use of diet or weight loss medications *(eg.Metformin, GLP Agonists, duromine, thyroxine, insulin)*	
Exercise – *duration and frequency*	
Body image and body checking	
Preoccupation with weight / shape	
Other weight control behaviours	

Bayside Health

MRN

Campus: Alfred Care Group, Ngamai Wilam, Armadale, Vic

REFERRAL FOR ADMISSION TO NGAMAI WILAM

Last name*		First name/s*		Date of birth*	

Physical Assessment *(within 2 weeks of referral)*				
Date of assessment				
Blood Pressure	Lying		Standing	
Heart Rate	Lying		Standing	
Temperature		Random Blood Glucose Level		
Palpitations/chest pain	☐ Yes			
Syncope/fainting	☐ Yes			
Postural dizziness	☐ Yes			
Dyspnoea	☐ Yes			
Muscle weakness	☐ Yes			
Constipation	☐ Yes			
Amenorrhoea	☐ Yes how long?			

Investigations checklist (*attached results)*	**Essential** ☐ Bloods (*incl FBE, UEC, LFT, CMP, BSL)* ☐ ECG ☐ Weight trajectory for past 3 months	**Preferable** ☐ Bone density / DEXA scan
Inpatient medical admission within the last three months?	☐ Yes *(list dates & facility)*	

Previous Eating Disorder Treatment/s	
Dates	**With whom and where**

Bayside Health

MRN

Campus: Alfred Care Group, Ngamai Wilam, Armadale, Vic

REFERRAL FOR ADMISSION TO NGAMAI WILAM

Last name*		First name/s*		Date of birth*	

Referral information	
Mental Health history* (*including diagnosis, previous admissions & treatment)*	
Alcohol or drug history & current use (any *alcohol or other non prescription drug use in the last 3 weeks?)*	
Medical history*	
Current physical health problems	
Current medications / doses* (*incl over the counter medications)*	

*separate documents can be attached

Bayside Health

MRN

Campus: Alfred Care Group, Ngamai Wilam, Armadale, Vic

REFERRAL FOR ADMISSION TO NGAMAI WILAM

Last name*		First name/s*		Date of birth*	

Risk Assessments		
Suicide	Imminent ☐ Yes ☐ No *Details*	High ☐ Yes ☐ No
Deliberate Self Harm	Imminent ☐ Yes ☐ No *Details*	High ☐ Yes ☐ No
Harm to others	Imminent ☐ Yes ☐ No *Details*	High ☐ Yes ☐ No
Other risks, incl family violence, vulnerabilities	☐ Yes *details*	

Attach any relevant background information eg, discharge summaries, management plans, assessments