BRITISH COLUMBIA

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
EATING DISORDERS PROGRAM SOUTH VANCOUVER ISLAND (EDP SVI)
#302 – 2955 Jutland Road Victoria BC V8T 5J9 TELEPHONE (250) 387-0000 FAX (250) 387-0002

PROGRAM OPTIONS

SOUTH VANCOUVER ISLAND RESIDENTS	UNIVERSITY OF VICTORIA (UVIC) STUDENTS
☐	☐
FAX: 250-387-0002	**FAX: 250-721-6224**

REFERRAL CRITERIA

EDP SVI offers comprehensive, evidence-based treatment for eating disorders as defined by the DSM 5-TR. The program serves individuals with Anorexia nervosa (AN), Bulimia nervosa (BN), and Other specified feeding or eating disorder (OSFED), as well as Binge-eating disorder (BED) for individuals under 19 years old and adults presenting with significant medical acuity related to BED, and Avoidant Restrictive Food Intake (ARFID) for individuals over 10 years old with significant medical acuity.

Individuals must be residents of South Vancouver Island or Southern Gulf Islands (excluding Gabriola). This includes Greater Victoria, lower Malahat Region, and the Southern Gulf Islands of Mayne, Pender, Salt Spring and Saturna.

EXCLUSION CRITERIA

EDP SVI does not provide services for the following:

1. **When mood is the primary cause for decreased food intake**
2. **When there is an underlying medical condition including but not limited to dysphagia, eosinophilic esophagitis, EG/GERD**
3. **When an acute psychiatric disorder accounts for decreased food intake, such as when schizophrenia leads to delusions around food**
4. **When alcohol or substance abuse are the primary presenting problems**
5. **When the client is actively suicidal or in crisis**

ROUTINE MEDICAL MONITORING GUIDELINES (FOR PRIMARY CARE PROVIDERS)
Eating Disorders Toolkit Available on Pathways

1. Regular supportive meeting to check-in regarding meals, eating disorder behaviours, and medical symptoms:
    a. BLIND (backward) weight, with no mention of numbers OR body appearance, is recommended to avoid triggering relapse or worsening of symptoms.
    b. Postural vital signs

2. Routine investigations: ECG and bloodwork including CBC, electrolytes, calcium, magnesium, phosphorus, kidney function, liver function and random glucose.
   NOTE: Frequency of visits and investigations depends on symptoms and clinical judgement (for example, frequent purging or restriction with rapid weight loss needs close monitoring (q1-2 weeks), whereas patients with less severe behaviours can be monitored less frequently (q4-8 weeks).

The EDP SVI GPs are available for consultations with community care providers upon request – please call 250-387-0000 to arrange.

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Referring Physician Information – All patients must have a GP, NP, UPCC, or Walk-In Clinic that will follow the patient

DATE
DOCTOR'S NAME
OFFICE PHONE
OFFICE FAX
OFFICE ADDRESS
CITY / POSTAL CODE

DR OFFICE STAMP

Client Information

LEGAL LAST NAME
LEGAL FIRST NAME
MIDDLE NAME (S)
PREFERRED NAME
SEX Male ☐ Female ☐
GENDER (please specify)
PRONOUNS
BC PHN
BIRTHDATE
AGE
HOME ADDRESS
CITY / POSTAL CODE

PHONE NUMBER (Primary)
EMAIL ADDRESS
CONTACT NAME
RELATION TO PATIENT

PHONE NUMBER (Alt)
EMAIL ADDRESS
CONTACT NAME
RELATION TO PATIENT

Eating Disorder Related Information + Physical Exam

CURRENT HEIGHT In ☐ / cm ☐
CURRENT WEIGHT lbs ☐ / kg ☐
BMI

WEIGHT CHANGES IN THE LAST 3 MONTHS
WEIGHT CHANGES IN THE LAST 6 MONTHS

FAILURE TO ACHIEVE EXPECTED WEIGHT Yes ☐ / No ☐
FALTERING GROWTH Yes ☐ / No ☐
GROWTH CHARTS / WEIGHT HISTORY (PLEASE ATTACH) Yes ☐ / Not available ☐

HEART RATE Standing Supine
BLOOD PRESSURE Standing Supine

Suspected Eating Disorder Diagnosis (See DSM 5-TR For Diagnostic Criteria)

☐ Anorexia nervosa (AN)
☐ Bulimia nervosa (BN)
☐ Binge-eating disorder (BED)* *for individuals under 19 years old, or with significant medical acuity*
☐ Avoidant/restrictive food intake disorder (ARFID)* *for individuals over 10 years old with significant medical acuity*
☐ Other specified feeding or eating disorder (OSFED)

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Symptoms

RESTRICTION	Yes ☐ / No ☐	SEVERITY	☐ 1000-1500 calories per day ☐ 500 – 1000 calories per day ☐ Other (Describe):
PURGING	Yes ☐ / No ☐	FREQUENCY	☐ Weekly ☐ Daily ☐ Multiple times per day
BINGEING	Yes ☐ / No ☐	FREQUENCY	☐ Weekly ☐ Daily ☐ Multiple times per day
WEIGHT LOSS AGENTS	Yes ☐ / No ☐	TYPE	☐ Diet pills ☐ Diuretics ☐ Laxatives ☐ Thyroid medication ☐ GLP-1, Semaglutide, or GIP (ex. Ozempic, Wegovy) ☐ Ipecac ☐ Other:

BODY IMAGE DISTURBANCE Yes ☐ / No ☐ _____

FEAR OF WEIGHT GAIN Yes ☐ / No ☐ _____

OVER-EXERCISE Yes ☐ / No ☐ _____

DEPENDENCE ON ORAL NUTRITION SUPPLEMENTS (Ie. BOOST/ENSURE) Yes ☐ / No ☐

ORAL OR SWALLOWING IMPAIRMENT Yes ☐ / No ☐

Medical History

PREGNANT Yes ☐ / No ☐ _____

DIABETES Yes ☐ / No ☐ _____

INSULIN USE Yes ☐ / No ☐ _____

AMENORRHEA Yes ☐ / No ☐ Please order BMD if amenorrheic for more than 6 months

SUBSTANCE USE Yes ☐ / No ☐ _____

CELIAC Yes ☐ / No ☐ _____

CURRENT MEDICATIONS _____

ALLERGIES _____

Psychiatric History

SELF HARM Yes ☐ / No ☐ _____

SUICIDALITY Yes ☐ / No ☐ _____

DIAGNOSES _____

Lab Investigations

ALL TEST RESULTS ARE MANDATORY AND MUST BE RECENT (reported within the last 3 months)

☐ EKG

☐ CBC, Random Glucose, Na, K, Cl, Bicarbonate, Ca, Mg, PO4, Creatinine, BUN, AST, ALT, TSH

☐ Microscopic Urinalysis to include Specific Gravity

Disclaimer

☐ I understand that EDP SVI is an outpatient eating disorders service and is unable to assume responsibility for the primary medical care of this client. Ongoing care is the responsibility of the Primary Care Provider.

PRIMARY CARE PROVIDER'S SIGNATURE _____ DATE _____