



Ottawa, Ontario  
Tel: (613)-366-3707  
Fax: (613)-280-1507

## Referral Form For Eating Disorder Recovery Program™

\*\*\* Please note that incomplete referral forms will be returned for completion \*\*\*

Once this form is complete, please send via email to [info@thebalancedpractice.com](mailto:info@thebalancedpractice.com)  
or by fax to (613)-280-1507

### BEFORE COMPLETING THIS REFERRAL FORM PLEASE READ:

The TBP Eating Disorder Recovery Program™ provides virtual outpatient services for youth (13 +) and adults across Ontario. For patients under the age of 18, we follow a family based treatment model, therefore, we must obtain consent from the patient to communicate with the parent(s)/caregiver(s).

The patient, \_\_\_\_\_, gives consent to The Balanced Practice to communicate with the parent(s)/caregiver(s) for the purposes of screening and booking appointments.

YES (patient to sign and date): \_\_\_\_\_

NO (provide reason): \_\_\_\_\_

Parent/Caregiver(s) name(s): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

This referral form serves as an application to the TBP Eating Disorder Recovery Program™. Once the form is reviewed, a team member will contact the patient or the parent(s)/caregiver(s) to further assess their eligibility to the program. If appropriate, treatment will be offered to the patient and an initial assessment will be booked.

This program is not suitable for everyone. A patient will benefit from this treatment if:

- They have an eating disorder (diagnosis is not required)
- They are medically stable and do not require hospitalization
- They are ready to commit to treatment and are able to engage via videoconference (cameras need to be on)

### We do not offer inpatient or day hospital treatment.

If you believe your patient requires inpatient treatment or could require this in the foreseeable future, please refer them to [www.ocoped.ca](http://www.ocoped.ca) for a list of intensive services in Ontario. The Primary Health Care Provider is responsible for the medical monitoring of their patient while on the waiting list for services and while attending the TBP Eating Disorder Recovery Program™.



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### Patient Information

Date of Referral: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Pronouns: \_\_\_\_\_  
 Date of Birth (D-M-Y): \_\_\_\_\_ Age: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Health Card Number: \_\_\_\_\_

### Physician Information

Name of family physician : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax number: \_\_\_\_\_  
 I do not have a family physician

Do you have a diagnosis for an eating disorder :

- NO  
 YES : \_\_\_\_\_ (Specify Diagnosis)

What symptoms are you experiencing:

Symptoms	No	Yes	# per day / # per week
Food Restriction			
Binge Eating			
Induced vomiting			
Laxative use			
Diet pills or supplements			
Compulsive exercise use			
Other:			

Do you have any other health issues? :

- NO
- YES : \_\_\_\_\_ (Please Specify)

Do you have any recent blood work results (in the last 4 weeks)?:

- NO
- YES → please send a copy with application

Are you currently taking any medication and/or vitamin supplementation?:

- NO
- YES: \_\_\_\_\_ (Please Specify)

Have you lost weight in the last 12 months? If so, how much? : \_\_\_\_\_

Who is making this referral:

- I am referring myself
- I am a parent/caregiver
- I am a health care provider referring a client : \_\_\_\_\_

If you are a referring health care provider, please complete below or stamp):

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Does the patient give consent for The Balanced Practice to speak with the Health Care Provider if they are not the one referring?  Yes  No

**Thank you for your referral.**

Our team will contact your patient directly for a telephone screening appointment. If you require any further information please do not hesitate to contact us [info@thebalancedpractice.com](mailto:info@thebalancedpractice.com)

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