GP EATING DISORDER MANAGEMENT PLAN REVIEW (EDMP)

Please complete all relevant sections.

This plan must be accompanied by a referral stating the plan has been reviewed.

GP DETAILS			
GP Name & Provider No.		Practice Name & contact details	
GP preferred method/s of team communication	☐ Fax ☐ Email	☐ Phone call ☐ Other	

PATIENT DETAILS			
First Name		Last Name	
Date of Birth		Gender	

PLEASE INDICATE THE PERIOD THIS REVIEW COVERS

Sessions 11-20 Psychologist ☐

Sessions 21-30 Psychologist ☐

Sessions 31-40 Psychologist ☐

Note: PSYCHIATRIC OR PAEDIATRIC REVIEW
Required in addition to GP review to access sessions 21-40.
(Consider referring early in course of treatment)

REVIEW OF TREATMENT RECOMMENDATIONS UNDER EDMP		
Psychological treatment services (Review)	Dietetic services (up to 20 in 12 months)	Psychiatric/paediatric review **(required prior to session 20)**
Referred to: Review of progress:	Referred to: Review of progress:	Referred to: Comments: **For review at session 20 only** Does the specialist review support additional sessions 21-40? YES NO

Phone: 03 9820 1848 | **Fax:** 03 9866 5273 | **Email**: info@mindbodywell.com.au | **Address:** PO Box 1202, South Melbourne, 3205

GP REFERRAL REQUIREMENTS		
Suicide risk performed	☐ YES	☐ NO
Physical examination conducted	☐ YES	☐ NO
Patient education given	☐ YES	☐ NO
Copy of EDMP Review given to patient	☐ YES	☐ NO
Copy of EDMP Review given to other providers	☐ YES	☐ NO

RECORD OF PATIENT CONSENT

I, _____ (**patient name** - please print clearly) agree to information about my mental and medical health to be shared between the GP and the health professionals to whom I am referred, to assist in the management of my health care.

_____ _____

Signature (patient): **Date:**

I (GP) have discussed the proposed referral(s) with the patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

_____ _____ _____

GP Signature **GP Name** **Date**

*** ^Psychological treatments allowed under EDMP (to be determined by MH professional):**

- **Family based treatment**
- **Adolescent focused therapy**
- **CBT**
- **CBT-AN**
- **CBT- BN/BED**
- **SSCM for AN**
- **MANTRA for AN**
- **IPT for BN or BED**
- **DBT for BN or BED**
- **Focused psychodynamic therapy for EDS**

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