Eating Disorders of York Region – Referral for the EDI-3 Eating Disorders Assessment ("Assessment")

Please print or type all information legibly. Incomplete or illegible referrals may be returned.

*NOTE: Further to our notice sent to you requesting that you complete this form, please notify your patient (the "**client**") that this referral is for an assessment (not treatment) and that we will contact the client directly to arrange an appointment. We will notify you if we are unable to make contact with the client within three weeks. This referral will expire three months from the date of the referral. Once the Assessment is completed and a report is produced, we will forward the report to you and will not conduct any follow-up.*

Date of Referral:_____

Client's Name:_____

DOB:_____/_____/_____
Month/Day/ Year

Client's Address:_____

Postal Code:_____

Phone number(s) where messages can be left:_____

Cell and all other phone numbers where client may be reached:_____

Does the client need a substitute decision maker or parent/guardian? _____

If yes, please indicate who the substitute decision maker/parent or guardian (if the client is below the age of 16) is _____ and contact information _____ (phone). Please note that where the client has a substitute decision maker/parent or guardian, the substitute decision maker/parent or guardian will be contacted instead of the client directly.

Emergency Contact: _____
Name/Relationship to Client/Phone#

Referring **Physician**:_____

Specialty (If applicable):_____

Practice Address:_____

Phone #:_____ Fax#:_____

EDI-3 Referral Form

Presenting Problem(s)(e.g. binging, weight loss, purging, excessive exercise):
1.
2.
3.

Height:_____Current BMI:_____

Weight: At Present:_____

Lowest Weight:_____Date:_____
Highest Weight:_____Date:_____

Relevant Family History:

I confirm that the client has been notified of the $250.00 fee for the assessment
Yes __
No __

General Comments:

Please fax completed referral form to: 647-317-6823. By submitting this referral form, you agree that you have discussed the Assessment with the client and he or she understands that the Assessment is not treatment nor does it communicate a diagnosis of any kind.

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