

EATING DISORDERS OUTPATIENT EXERCISE PROGRAM (EDOPEP) REFERRAL FORM

Referring General Practitioner:

Referring Practice contact details:

Patient Name:

Date of Birth: Phone No:

Address:

Please attach the following to enhance program admission (please tick):

- ☐ Letter from GP to confirm medical stability to commence EDOPEP
- ☐ Blood profile completed and pathology results attached
- ☐ Electrocardiogram completed and results attached
- ☐ Bone Densitometry Scan completed (if osteoporotic) and results attached

Please complete the following for communication purposes

(name of practitioner and name of organisation/company required):

Psychiatrist:

Psychologist:

Dietitian:

Other:

Additional information:

GP Signature:

Date:

**Please return
completed form to:**

Ramsay Health Plus
based at Hollywood Private Hospital
Entrance 6, Hollywood Private Hospital
Verdun Street, Nedlands WA 6009
Ph: (08) 9346 6932
rhp.hollywood@ramsayhealth.com.au



ramsayhealthplus.com.au