

Children & Young Person's Community Eating Disorders Service
(CEDS-CYP)

Address: Children & Young Person's Community Eating Disorders Service, Newton Building 5, Entrance 7, Springfield University Hospital, 61 Glenburnie Road, Tooting, London, SW17 7DJ

Telephone: **0203 513 6793** Fax: **0203 513 4469** Email: **CAMHSEatingDisorder@swlstg.nhs.uk**

The CEDS-CYP offers assessment and treatment for children and young people (under 18) with an **eating disorder**. Under current arrangements, medical management of cases of young people with eating disorders is done jointly between the GP practice and CAMHS, with our service needing to defer to the GP for physical investigations. Please complete the form in full for us to determine appropriateness and urgency. If you have any queries about whether a referral is appropriate, please contact the service.

Referrer's name / service:		Phone Number:
Address:		

Client name:		NHS No:	
Address:			
		Date of birth:	
Parents' names:			
Parent's telephone numbers	Home: Email address:	Mobile:	

GP/Surgery name:		Phone Number:
Address:		

Does the client speak English?	Yes	No	Is a translator necessary?	Yes	No
What is the client's preferred language?					
Are both the young person & parents aware of this referral?					
Who is given consent to this referral?					
If there is no consent, is information being shared because of safeguarding concerns?					

Reason for referral:	
Brief History of Presenting Concerns:	

Please highlight any risks (to self or others):
Current Medication (+ dose):

Any other services involved?

Any other relevant information (please attach any relevant clinical documentation)

Trajectory of weight

Is weight now stable / falling / increasing (please circle) Rate of weight loss: _____ kg / week

Records of past height/weight and calorific intake are extremely useful. If approximate please put (approx.)

Date	Weight / Height:	Calorific intake

Eating Behaviours (Please include frequency of behaviours)

Vomiting	Yes	No	Frequency
Using laxatives	Yes	No	Frequency
Overeating / Bingeing (eating a large amount of food in a short time with a feeling of loss of control)	Yes	No	Frequency

Essential Brief Physical Assessment

Weight:	Height:	Temperature:
Signs of dehydration (<5%, 5-10%, >10%)? Dizziness or faintness standing up from sitting?		
Orthostatic hypotension / tachycardia:	Lying / sitting BP:	Lying / sitting Pulse:
	Standing BP:	Standing Pulse:

Age at Onset of Periods: _____ Periods: Absent / Present / Present but abnormal (please circle)

Comment on pubertal development:

Essential Baseline Investigations

U&E and bicarbonate (particularly in vomiting/abusing laxatives) – looking for hypokalaemia and alkalosis
Ca, Mg, Phosphate, Iron studies, B12/folate, Vitamin D – looking for deficiencies
LFT – looking for hypoalbuminaemia or high ALT secondary to starvation
TFT, prolactin, serum FSH and LH - can differentiate anorexia from other causes of primary amenorrhoea
Random Glucose – hypoglycaemia (<2.6 mmol/L) is unusual and serious in anorexia
FBC - looking for leukopaenia, anaemia/raised HB, thrombocytopenia
CRP / ESR – to consider other causes of low weight
Coeliac screen – to consider other causes of low weight
ECG – note any arrhythmias; prolonged QTc (normal range <440ms boys and <460ms girls)
 *We do not require laboratory test results to process the referral, but these would be helpful for assessment.
 Please would you kindly let us know the results by fax (020 3513 4469) or letter as soon as possible

If this referral is **urgent** please give reason:

If you consider this referral an **emergency**, we are happy to discuss the referral with you to think through the best course of action, whether an emergency attendance at A+E is required, and making plans for this if so.