



Referral Form

(please print or type clearly)

Please read the following below before completing our referral form. Please note an incomplete referral form will be returned for completion. Please fax the referral form to (519)-969-0227.

BANA is an outpatient eating disorder clinic that provides services for those living in Windsor-Essex who are 20 and older. If your patient is under 20, please direct your patient to contact: <https://bana.ca/bana-clinical-intake-form/> Services for Adolescents are serviced at Windsor-Essex Community Health Centre Teen Health Centre.

We do not offer inpatient or hospital treatment. Please refer to links below for intensive treatment options.

- Credit Valley - <https://www.mississaugahaltonhealthline.ca/display/service.aspx?id=91132>
- Toronto General - https://www.uhn.ca/MentalHealth/Clinics/Eating_Disorder
- London Health Science Centre - <https://www.lhsc.on.ca/adult-eating-disorders-service-aeds/the-adult-eating-disorders-service>
- Ottawa General Hospital - <https://www.ottawahospital.on.ca/en/clinical-services/deptpgrmcs/programs/regional-centre-for-the-treatment-of-eating-disorders/>

BANA is not a crisis service, if your client is in crisis, please direct them to their nearest emergency room, or contact one of the two crisis options in Windsor-Essex:

- **Distress Centre Windsor Essex County:** 519-256-5000 (operates noon to midnight)
- **Community Crisis Centre Windsor Essex County:** 519-973-4435 (operates 24 hours)

Before completing our referral form, please consider the following regarding your patient(s):

- Your patient must have a BMI of 16.5 or above (if your BMI is lower, please refer to ... for more intensive options)
- Your patient must be medically stable and agree to regular medical monitoring carried out by their family physician or nurse practitioner. The primary health care provider is responsible for medical monitoring while patient is waiting for service and attending services.
- Your patient must be able to commit to staying alive and willing to addressing any life-threatening behaviors (this includes addressing eating disorder behaviors that put your life at risk)
- If your patient has additional diagnosis (depression, anxiety, PTSD, substance misuse etc.) it may be important for them to seek support to address these concerns prior to entering eating disorder treatment, if they have not done so already.
- Your patient must be able to engage in activities of daily living.
- Your patient must be ready to work on recovering from your eating disorder



BULIMIA ANOREXIA NERVOSA ASSOCIATION

1500 Ouellette Ave, Suite 100, Windsor, ON N8X 1K7

T: (519) 969-2112

F: (519) 969-0227

I: www.bana.ca

If your patient is experiencing the following now may not be the right time for an eating disorder referral:

- If your patient is experiencing suicidality with active self-harm, intent, or plan.
- If your patient has a severe or chronic medical condition that is untreated or unmanaged (such as diabetes, low blood pressure, electrolyte imbalance etc.)
- If your patient has medical instability that requires day treatment or inpatient treatment
- If your patient is currently experiencing psychotic or manic symptoms that are unmanaged
- If your patient has cognitive, language or daily functioning impairments that would render them unable to engage with the program content.
- If your patient has a substance dependence that requires a detox phase first
- If your patient is incarcerated

Referral to the program is for consultation and treatment recommendations. Treatment is not guaranteed and will be offered if appropriate. Treatment is time sensitive and prioritize normalizing eating and reducing eating disorder behaviours. BANA's program is not a fit for everyone.



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Referral source information:

Referring Primary Health Provider Name: _____

Address: _____

Contact information: _____

Are you the patients primary care provider? Yes No

If no, please provide the name of their primary care provider: _____

Does patient give consent for Bulimia Anorexia Nervosa Association to speak to Primary Health Care Provider if not referring? Yes No

Your patient is aware you are making a referral to BANA on their behalf? Yes No

Client information (fillable boxes):

First Name: _____

Last Name: _____

Preferred Name: _____

Date of Birth (Y-M-D): _____

Gender Identity: _____

Address: _____

Phone Number: _____

Permission to call? Yes No

Email: _____

Permission to email? Yes No

Is an interpreter required? Yes No

Primary language: _____

Indigenous Status: _____

Please provide the following information about your patients disordered eating behaviours in the last 28 days:

Disorder Eating symptoms	Per Day	Per week
Restricting food intake		
Binge Eating		
Induced vomiting		
Laxative use		
Diuretic use		
Diet pill use		
Exercise (to control weight)		
Chewing and Spitting food		
Fasting		
Other		

Current weight (lbs): _____ **Current height (inches):** _____ **BMI:** _____

Weight History (any changes in weight over time; rapid weight loss or weight gain):



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Mental health history:

Please attach psychiatric and diagnostic history, including consultation notes, discharge summaries, admission notes.

Additional information:

Medical history (Development delays, acquired brain injury, chronic health conditions, is the patient able to ambulate?):

Additional information:

Is the patient pregnant? Yes No

If yes, how many weeks pregnant? _____

Is the client connected **OR** will be connected to the Bariatric Centre? Yes No

Current Medications:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>	<u>Date prescribed</u>

Risk factors

- Harm to self
 Harm to others
 Suicidal ideation or intent
 History of suicidal behavior
 Alcohol/Substance misuse
 Inability to care for self

Additional comments: _____

Referring physician signature:

Designation: _____

Date: _____

Please fax the referral to BANA at (519-969-0227). Our staff will contact your patient directly within two weeks. If you require any further information, please do not hesitate to contact us. Thank you.