ST. VINCENT'S UNIVERSITY HOSPITAL
Elm Park

HSE Clinical Programme for Eating Disorders

Referral Form

Adult Eating Disorder Service – St Vincent's University Hospital

Wicklow, Dun Laoghaire, Dublin South East (CHO 6)

Referrer name	
Address	
Phone Number	
Email Address	

Patient name		
Address (CHO 6 only)		
Date of birth		**If under 18 years please refer to CAMHS**
Phone number		

Reason for referral	
If urgent please give reason	
Previous eating disorder treatment	

Weight:	**Height:**	**BMI:** (weight in kg/height in m²)
Recent weight changes: *(include time period)*		
Blood Pressure:	**Heart Rate:**	**Temp:**

Please include a copy of recent blood results *including FBC, WBC, U&Es, LFTs, bone profile, glucose, phosphate, and magnesium*

If BMI is less than 15kg/m² please attach a recent ECG

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Eating disorder behaviours

	Yes	No	Frequency
Vomiting			
Laxatives			
Bingeing			
Over exercise			
Diet pills			
Alcohol misuse			
Drug use			

Other information

Medical history	
Psychiatric history	
Medication	
Risk to self or others	
Other relevant information	

Please send referrals to

Clinical Coordinator,
Eating Disorder Service,
Elm Mount Lower,
St Vincent's Hospital,
Elm Park,
Dublin 4,

Tel: 01 2214627
Fax: 01 2213234

Phone: 087 6705621

Email: eatingdisorders@svhg.ie

Office use only:			
Date referral received:			
Date triaged:			
Urgent		Routine	
Appointment offered			