



Reverence Recovery

Weekly Support Group

### **Support Group Referral form**

#### **Dear Practitioner**

We are reaching out to request your assistance in assessing the suitability of your patient for attending the weekly Reverence Recovery Eating Disorders Support Group (held at Ramsay Clinic Hollywood).

This support group session is facilitated by a credentialed eating disorders therapist, and aims to provide a safe and supportive environment for individuals struggling with anorexia nervosa, bulimia nervosa, or binge eating disorder.

Before your patient can attend our support group, we kindly request you to assess the following:

#### **Patient Information**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

#### **Referrer Information**

Referrer Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Contact Email/Tel: \_\_\_\_\_

Location: \_\_\_\_\_

#### **Confirmation of Diagnosable Eating Disorder**

Please confirm if your patient has been diagnosed with an eating disorder (anorexia nervosa, bulimia nervosa, or binge eating disorder). Please include relevant details such as the type and severity of the disorder.

- Confirmed diagnosis of anorexia nervosa
- Confirmed diagnosis of bulimia nervosa
- Confirmed diagnosis of binge eating disorder
- Other (please specify): \_\_\_\_\_

## Risk Assessment

Please evaluate whether your patient poses a significant risk to themselves or others.

Assess their psychological readiness to cope with the topics discussed in the support group. Given the nature of the group, participants may be exposed to triggering discussions about eating behaviours, body image, and related challenges.

### A. Self-Harm and Suicidal Ideation:

- No evidence of current self-harm or suicidal ideation (i.e. not a risk to themselves or other).
- Significant current symptoms (or history of) self-harm or suicidal ideation (please provide details below).

### B. Previous Hospitalizations:

- No history of recent hospitalizations related to the eating disorder.
- History of recent hospitalizations (please provide details below).

### C. Current Medications:

- Stable medication regimen without significant side effects.
- Changes in medication or side effects that may impact the patient's stability (please provide details below).

### D. Psychiatric History:

- Stable psychiatric history.
- Significant psychiatric history (please provide details below).

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## Next Steps

Please return this form to us at: [info@reverencerecovery.com.au](mailto:info@reverencerecovery.com.au)

**\*\* Note => Separate Mental Health Care Plan (MHCP) referral needed if the client wishes to make use of Medicare rebates.**

If further engagement is required, or you have any specific concerns, feel free to send us collateral info via email ([info@reverencerecovery.com.au](mailto:info@reverencerecovery.com.au)), or contact us directly (0461 311 640).

Thank you for your collaboration in ensuring the well-being of your patient.

Dr Guillaume Walters-du Plooy  
Clinical Psychologist  
Reverence Recovery