

Referral Letter for Rise Treatment Centre

Specialized Mental Health Care

Date:

Referral concerns:

Mr/Mrs: Address:

Date of birth:

Personal ID number:

Dear Sir/Madam,

There is (a suspicion of) a DSM registered psychic disorder in one of my patients. With this referral I would like to request you start further diagnosis and treatment. (Suspicion of) DSM registered psychic disorders:

- Anorexia Nervosa
- Bulimia
- Binge Eating Disorder (BED)

Other specified or unspecified nutritional and eating disorders Assessment of gravity of problems:

- Chronic
- Questionnaire, reason for referral (please fill in as completely as possible to speed up start of treatment)

Patients's complaint or request for help:

Co-Morbidity:

Allergy, intolerance:

Previous treatments:

Present medication:

With Kind Regards,

Name:

Signature

Stamp doctor's practice