

Stanford Medicine Children's Health Comprehensive Eating Disorders Program

Thank you for referring your patient to our Comprehensive Eating Disorders Program.

The following information is necessary to process your referral

**Please note we recommend height, weight, temperature, and orthostatic blood pressure be done on a weekly basis.*

Any patient with a history of purging or laxative abuse should at a minimum have a basic metabolic panel, phosphorous, and magnesium level checked for electrolyte abnormalities.

We recommend that patients are weighed in gown only, after voiding. Orthostatic vital signs are assessed by having patients lay down for 5 minutes, then measuring pulse and blood pressure (P&BP). Then the patient should stand, and P&BP are repeated after 2 minutes.

First Name: _____ Last Name _____

DOB: _____ Height _____ Weight _____ Temperature _____

Highest weight in last 12 months: _____ Lowest weight in last 12 months: _____

Please check if patient is experiencing any of the following:

Food Restriction Binging Purging Laxative Abuse Excessive exercise

Loss of Menses Syncope Growth Failure Electrolyte Abnormalities

Other: _____

Date & Time vitals taken: _____

Note—supine and standing orthostatic vital signs preferred. If not available, ok to use sitting P&BP

Pulse: Supine _____ Standing _____ (if orthostatics unavailable) Sitting _____

Blood pressure: Supine _____ Standing _____ (if orthostatics unavailable) Sitting _____

Current or previous psychiatric diagnoses or treatment: _____

Requested services (select all that apply):

Comprehensive assessment Medical/RD only assessment Psychological only evaluation On-going therapy

What is your clinical question? _____

***Please attach growth curves to referral**

*If you check vital signs or labs, please send them to be reviewed **within 24 hours** to assess whether the patient may meet criteria for admission to our inpatient unit.

Please fax this page to (650) 497-4246 within **24 hours of checking vital signs or labs.**

If you have any questions, feel free to contact our office at **(650) 723-5511 ext. 1, ext. 1 for Intake Coordinators**

If you have a medically unstable patient, please call our Patient Placement team at (650) 725-8877 to discuss potential admission, 24 hours a day.

Admission Criteria

Adolescents with eating disorders or malnutrition who meet any of these criteria may be candidates for inpatient treatment:

Bradycardia	Pulse < 50 beats/minute at daytime
Hypotension	Blood Pressure < 90 / 45 mm Hg
Hypothermia	T < 35.6 C / 96 °F
Orthostasis (from supine to standing position)*	<ul style="list-style-type: none"> • Pulse increase > 20 beats/minute • Systolic BP decrease > 20 mm Hg • Diastolic BP decrease > 10 mm Hg
Weight	< 75% median body mass index (mBMI) for age and sex
EKG abnormalities	e.g., prolonged QTc > 460 msec
Electrolyte abnormalities	<ul style="list-style-type: none"> • Phosphorus < 3.0 mg/dL • Potassium < 3.5 mmol/L • Magnesium < 1.8 mg/dL
Other acute medical events	e.g., syncope, GI bleeding, severe dehydration, etc.

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Locations

Inpatient

Comprehensive Care Program

El Camino Hospital – Unit 4C

2500 Grant Road

Mountain View, CA 94040

Outpatient

Stanford Medicine Children's Health Specialty Services – Sunnyvale

1195 West Fremont Avenue, Floor #2

Sunnyvale, CA 94087

Stanford Medicine Children's Health – Child Psychiatry

401 Quarry Road

Palo Alto, CA 94305

For further information please see www.stanfordchildrens.org/en/service/eating-disorders-program