



Please direct an Acutely Unwell Child or Adolescent to the Emergency Department.

GP Shared Care Eating Disorder Medical Monitoring

Treating CYMHS Team:

Medical examination date:

Patient details

Re:

Date of birth:

Age:

Sex:

CHQ UR Number:

Medicare number:

Expiry:

Address:

Physical examination

Weight:

Temperature:

Urine Specific Gravity:

BSL:

Postural Cardiovascular examination

BP Lying

Pulse Lying

BP Standing

Pulse Standing

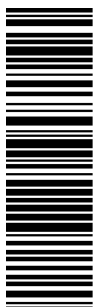
(patient needs to stand for 2 mins prior to reading)

Postural BP Drop?

Postural Tachycardia?

Recent observations trend:

Further relevant information:



00007:800426

Current medications:

Copy of ECG sent: Yes No

Please send copy of today's ECG

QTc value: ms

Other examination findings:

Current Mental State & Psychosocial Progress:

Referring Doctor details

Doctor:

Provider number:

Doctor address:

Signature:

Phone:

Email:

Patient's usual G.P. (*if different from referrer*)

Is anyone else involved in the care of the patient?

Relevant investigations: