



# Butterfly

LET'S TALK eating disorders

## In The Wings Single Session Intervention (SSI) Referral Form

This referral form is for health professionals only

[Fax completed form to \(02\) 8456 3951](tel:(02)84563951)

### Client information

* First Name	
* Last Name	
* DOB	
* Email Address	
* Phone	
Client Home Address	
* First line	
Second Line	
* Suburb	
* State	
* Postcode	

### About Me (The Referring Health Professional)

* Position	
* Your Name	
Name of Practice	
* Phone	
* Email Address	
Practice Address	
First line	
Second Line	
* Suburb	
* State	
* Postcode	

I have read and confirm the following:

- The client is 16 years of age or over
- The above client is currently waitlisted for evidence-based treatment for an eating disorder and has an Eating Disorder Treatment Plan (EDTP) or Mental Health Care Plan (MHCP).
- The above client or the client's parent/primary caregiver/guardian has provided consent for referral to the 'In The Wings' Single Session Intervention (SSI)
- The client is aware that Butterfly will contact them to arrange an appointment via the client contact information provided on this form.

If you are a referring **medical practitioner**, please complete the following:

I confirm the above patient is currently under my care and has been referred to

* Name of Psychologist or Practice	
Practice Address	
* Phone	
* Email address	

I have read and understand that:

- 'In the Wings' SSI is NOT a treatment service and Butterfly is unable to provide medical monitoring.
- Butterfly will conduct a brief psychosocial assessment and will forward an assessment summary to me as the referring Medical Practitioner.
- If my patient requires a higher level of psychiatric or medical care, I will work with them to identify a more suitable level of care.
- I agree to regularly monitor my patient to ensure medical wellness and stability at all times.

If you are a referring **allied health practitioner**, please complete the following:

I confirm the above client has been referred to me or my practice by

* Name of Referring Medical Practitioner	
* Position	
* Name of Medical Practice	
Medical Practice Address	
* Phone	
* Email address	

I have read and understand that:

- 'In The Wings' SSI is NOT a treatment service and Butterfly is unable to provide medical monitoring.
- Butterfly will conduct a brief psychosocial assessment and forward an assessment summary to our practice and to the referring Medical Practitioner.
- Butterfly will not undertake any follow-up consultations with the client.
- The above client will need to be medically managed by the referring Medical Practitioner identified on this form at all times.

* Signed	
* Date	

Butterfly Contact Information

Email address: [inthewings@butterfly.org.au](mailto:inthewings@butterfly.org.au)