

National Eating Disorders Recovery Centre Referral

Please use referral form for referrals and send to referrals@nedrc.ie or healthmail@nedrc.ie or fax form to: 01 547 4222.
If your referral is urgent, you can also phone the team directly on 01 564 4450.

First name: *

Preferred name if different:

Last name: *

Preferred name if different:

Gender: *

Preferred to be known as:

Private health insurance details: *

Allergies (including foods, medications or others): *

Date of birth: *

DD MM YYYY

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Current address of patient:

Patients telephone / mobile number: *

(Please ensure this number is working and able to receive calls)

Next of kin:

Is the patient aware of and consenting to the referral?

Referrer details (Name, role, contact address and phone number)

Gp details (if different from referrer)

Date of referral

DD MM YYYY

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Referral for

Adult or Adolescent

National Eating Disorders Recovery Centre Referral



Mental health presentation(include signs and symptoms, including historical presentation)

PROMT: Exercise?, Misuse of laxatives or other medications?, Restriction of foods?, Purging of foods?, Binging of foods?, Eliminating of foods / food groups?, Change in diet or exercise regime in the past 6 months?, Anyone else concerned with behaviors?, Addictions?

Risk of harm to self (include intentional / unintentional harm)

Social factors (include social network, College, School, Employment, Children)

Relevant physical health needs and ALL prescribed medication:

Please indicate the patients current

Height, Weight, BMI, Weight increase or decrease if any?, BP, Pulse.

Any other relevant information / other services involved currently or previously?

Bloods & ECG are required with referral or by the day of assessment.

All patients continue under the responsibility of their GP until admitted into the care of the NEDRC.