



Government of **Western Australia**  
South Metropolitan Health Service



# Kara Maar

Specialist Community Eating Disorders Service

## GP information



**Cockburn Health & Community Facility**, 11 Wentworth Parade, Success 6164  
**Peel Health Hub**, 91 Allnutt Street, Mandurah 6210  
Email: [SMHS.KaraMaar@health.wa.gov.au](mailto:SMHS.KaraMaar@health.wa.gov.au)  
Phone: 6392 1700 | Fax: 6392 1799

[southmetropolitan.health.wa.gov.au](http://southmetropolitan.health.wa.gov.au)

Dear Doctor,

Thank you for reading this information because you or another service has referred, or are considering referring, a patient under your care to Kara Maar.

## About Kara Maar

Kara Maar, the SMHS Specialist Community Eating Disorder Service (SCEDS), provides multidisciplinary specialist assessment (including Consultant Psychiatry) and treatment for individuals aged 16 and over with signs and symptoms that may indicate an eating disorder, delivering evidence-based care at the right time and in the right location.

Kara Maar provides specific eating disorder services to consumers under a shared care model with referring GPs, and with other community mental health teams where appropriate.

## Referring to Kara Maar

### Eligibility criteria

For referral to Kara Maar, consumers must be:

- Aged 16 years and older,
- Living in South Metropolitan Health Service or WACHS-Link regional areas (Southern Wheatbelt, Goldfields, South-West, and Great Southern regional areas), and
- Show signs and symptoms that may indicate an eating disorder.

### How to refer patients to Kara Maar

Referrals can be sent to [SMHS.KaraMaar.Triage@health.wa.gov.au](mailto:SMHS.KaraMaar.Triage@health.wa.gov.au) or via fax, 6392 1799, ensuring all required information is included:

- Referral Form,
- Physical Examination Form,
- GP Medical Monitoring Form,
- ECG (<7 days ago), **AND**
- Bloods
  - (Amylase, B12/Folate, FBC, Iron Studies, Prolactin, TFTs, U/E, LFT, calcium, Mg, Phosphate, LH/FSH, Estrogen, Testosterone, SHBG).

Contact the Kara Maar Triage for all referral enquiries on **08 6392 1700** between 0830 and 1600, Monday to Friday.

Please refer to [Appendix 1: Escalation Chart](#) for consumers requiring urgent support.

## Role of referring GPs

GPs are requested to provide ongoing medical care to their patient. This typically involves **weekly to fortnightly** appointments and should include the following:

- Weekly/fortnightly **medical monitoring form** (see end of document) to be emailed to Kara Maar following each visit
- Completion of **physical examination form** (one-off requirement at referral), depending on age (see end of document)
- Consideration of the need for escalation of the patient's physical and mental health care needs according to WAEDOCS criteria and mental health risk (see **Appendix 1: Escalation Chart**). <https://ceed.org.au/wp-content/uploads/2020/04/Medical-Monitoring-in-Eating-Disorders-Summary-Chart.pdf>

GPs play an essential role in prevention, identification, diagnosis, and the medical management of eating disorders.

As a GP you can:

- Recognise / follow-up on warning signs of eating disorders
- Proactively screen at-risk groups
- Assess, diagnose, and medically manage eating disorder presentations
- Refer to eating disorder specific mental health treatment (including NGOs, private and public health) if necessary, as well as dietitians/other health professionals if needed
- Prevent eating disorders through early intervention and patient education.

On the following pages we have included various resources to support you in managing patients with eating disorders. Refer to [Appendix 4](#) for a list of GP training opportunities.

## Important considerations before making a referral to Kara Maar

- Kara Maar is not an acute service and patients at immediate risk due to physical instability or acute severe psychiatric symptoms should be referred to other services as part of their initial management (refer to [Appendix 1: Escalation Chart](#) and [Appendix 2: WAEDOCS criteria](#)).
- Please consider the patient's and their family's/support person's preferences, current service providers involved, and other service providers for eating disorders (refer to [Appendix 3](#)) as part of your decision-making process.
- We encourage GPs to complete a Medicare Eating Disorder Treatment and Management Plan which enables access to Medicare-based private services in the community.
- The Kara Maar service is inclusive to family and support people, so please ensure the support person/s is included in the referral process.

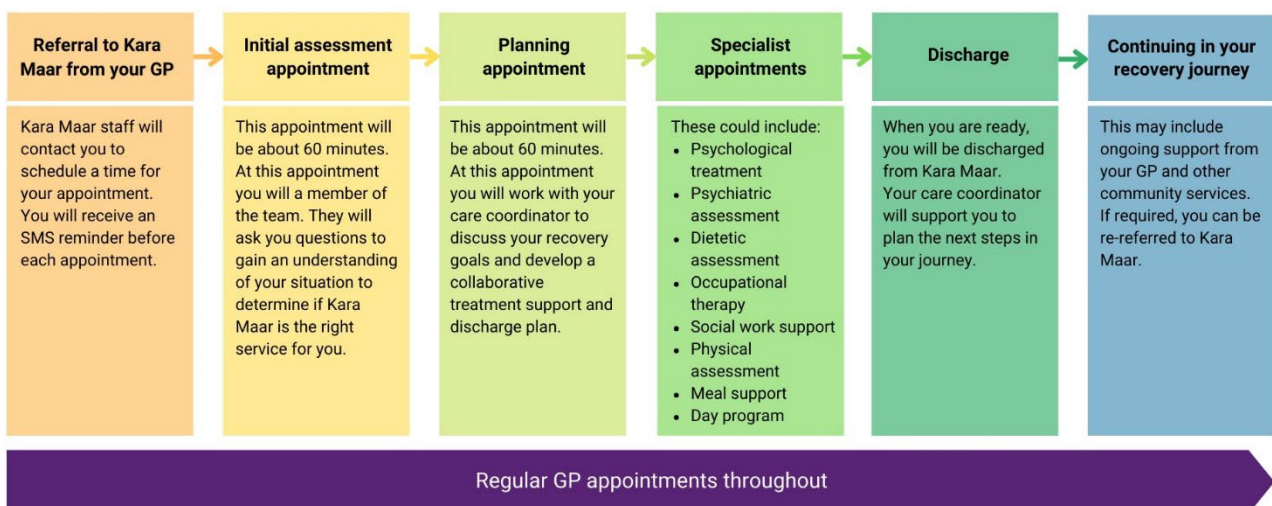
## Kara Maar waitlist

- If there is no capacity for immediate care coordinator allocation, the patient is placed on a waitlist
- Waitlisted patients are NOT considered active with the service and therefore are not under the clinical governance of Kara Maar
- Kara Maar provides information and educational resources to patients and their supports and will contact the patient regularly while on the waitlist
- Ongoing GP involvement and updates to Kara Maar from the GP regarding physical examination findings is important to inform waitlist priority
- Once there is capacity for care coordinator allocation, contact will be established to book in an initial assessment.

## Patient Treatment Journey



### Treatment Journey



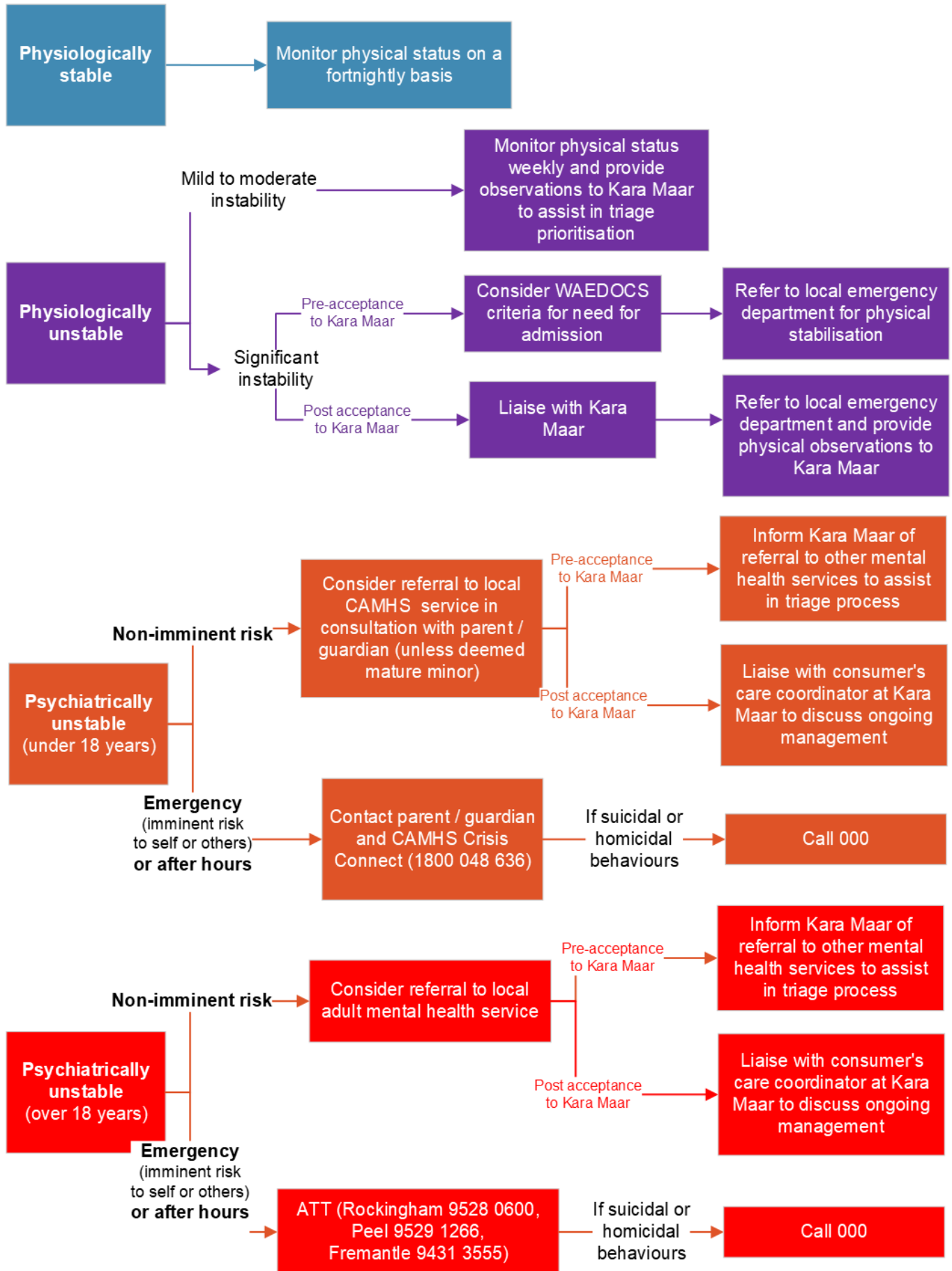
# Crisis Contacts

In an emergency or crisis please dial 000 (triple zero).

Mental Health Emergency Response Line (MHERL)	Perth Metro Area <b>1300 555 788</b> Peel Region <b>1800 676 822</b> RuralLink WA <b>1800 552 002</b>
Lifeline WA	<b>131 114</b>
CAMHS Crisis Connect (up to age 18)	<b>1800 048 636</b>
Assessment and Treatment Team (ATT) (over age 18)	Peel ATT, 8:30am to 10:00pm <b>9531 8080</b> Rockingham ATT, 8:30am to 10:00pm <b>9528 0600</b> Fremantle ATT, 8:00am to 8:00pm <b>9431 3555</b>

[Find more mental health emergency service providers on the Healthy WA website.](#)

# Appendix 1: Escalation Chart - management options for patients at increased mental or physical health risk



## Appendix 2: Indicators for Admission – WAEDOCS

Criteria below are from the [WA Eating Disorders Outreach and Consultation Service \(WAEDOCS\)](#), adapted from the RANZCP (2014) and NSW (2014) Guidelines (4,5).

Note: RANZCP guidelines specify criteria for settings of care. WAEDOCS has decided to identify these indicators as general criteria for admission, given the potential for inaccuracy of weight at initial admission, risk of clinical deterioration on refeeding and the variability of medical support to mental health settings across WA. Patients who are not as unwell as indicated here may still require admission. If in doubt, consider liaison with WAEDOCS regarding appropriate setting of care.

**If a consumer meets any of the following criteria, consider need for admission via an emergency department:**

Rapid weight loss, low weight	Loss of >1 kg/week over several weeks <b>OR</b> Grossly inadequate nutritional intake (2 days <b>OR</b> BMI < 14kg/m <sup>2</sup> (for ages 16-18: admit if >75%-85% ideal body weight, i.e., approximately 16kg/m <sup>2</sup> for a 16 year old)
Purging	Daily (uncontrolled; sufficient to cause distress and/or medical instability)
Blood pressure	< 90mmHg systolic or postural blood pressure >10 mmHg drop (lying to standing)
Heart rate	=<40bpm (adolescents <50bpm) or >120bpm or postural tachycardia >20bpm (increase in >20bpm from lying to standing)
ECG	Any arrhythmia including QTc prolongation, nonspecific ST or T-wave changes including inversion or biphasic waves
Blood sugar	Below normal range / < 3.5mmol/L
Sodium	<130mmol/L
Potassium	Below normal range*
Magnesium	Below normal range*
Phosphate	Below normal range*
Albumin	Below normal range*
Liver enzymes	Mildly elevated
Neutrophils	<1.5 x 10 <sup>9</sup> /L
Temperature	<35.5C or cold/blue extremities
Psychiatric concerns	Significant psychiatric risk such as deliberate self-harm or suicidal ideation. Moderate-high agitation and/or distress.

\* Clinicians should refer to their individual organisation's reference values



## Appendix 3: Eating Disorder Services and Resources

The table below includes services, support, and resources for and supports, as well as online resources and information for GPs.

Around the Dinner Table Forum	<ul style="list-style-type: none"> <li>• Support for carers</li> </ul>	<a href="http://www.feast-ed.org/forum">www.feast-ed.org/forum</a>
Beyond Blue	<ul style="list-style-type: none"> <li>• Suicide prevention information and support</li> </ul>	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
Black Swan Health	<ul style="list-style-type: none"> <li>• Treatment</li> <li>• Resources</li> </ul>	<a href="http://www.blackswanhealth.com.au/health-wellness/eating-disorder-treatment">www.blackswanhealth.com.au/health-wellness/eating-disorder-treatment</a>
Butterfly Foundation	<ul style="list-style-type: none"> <li>• Helpline</li> <li>• Referral database</li> <li>• Support groups</li> <li>• 2-day course for carers</li> </ul>	1800 33 4673 <a href="http://www.butterfly.org.au">www.butterfly.org.au</a>
Carer Gateway	<ul style="list-style-type: none"> <li>• Support</li> <li>• Resources</li> <li>• Counselling</li> </ul>	1800 422 737 <a href="http://www.carergateway.gov.au">www.carergateway.gov.au</a>
Carers WA	<ul style="list-style-type: none"> <li>• Support groups</li> <li>• Resources</li> <li>• Counselling</li> </ul>	1300 277 377 <a href="http://www.carerswa.asn.au">www.carerswa.asn.au</a>
Centre for Clinical Intervention	<ul style="list-style-type: none"> <li>• Outpatient treatment</li> <li>• Workbooks and information sheets</li> </ul>	<a href="http://www.cci.health.wa.gov.au/Treatment/Eating-Disorders-Program">www.cci.health.wa.gov.au/Treatment/Eating-Disorders-Program</a> <a href="http://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating">www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating</a>
Consumers of Mental Health WA (COMHWA)	<ul style="list-style-type: none"> <li>• Service navigation support helpline (Peer Pathways project)</li> </ul>	9477 2809 <a href="https://comhwa.org.au/programs/peer-pathways">https://comhwa.org.au/programs/peer-pathways</a>
Eating Disorders Families Australia	<ul style="list-style-type: none"> <li>• Support groups and forum</li> <li>• Education seminars</li> </ul>	<a href="https://edfa.org.au">https://edfa.org.au</a>
Eating Disorders Training Australia	<ul style="list-style-type: none"> <li>• Resources</li> <li>• Workshops</li> </ul>	<a href="http://www.eatingdisorderstrainingaustralia.com.au">www.eatingdisorderstrainingaustralia.com.au</a>
Eva Musby	<ul style="list-style-type: none"> <li>• Family-based treatment</li> <li>• Online workshops</li> <li>• Resources</li> </ul>	<a href="http://www.anorexiafamily.com.au">www.anorexiafamily.com.au</a>
Feed Your Instinct	<ul style="list-style-type: none"> <li>• Resources</li> </ul>	<a href="http://www.feedyourinstinct.com.au">www.feedyourinstinct.com.au</a>
Headspace	<ul style="list-style-type: none"> <li>• Counselling (online, phone, face-to-face) for ages 12-25</li> </ul>	<a href="http://www.headspace.org.au">www.headspace.org.au</a>
INSIDEOUT	<ul style="list-style-type: none"> <li>• Support</li> <li>• Resources</li> <li>• Service database</li> </ul>	<a href="http://www.insideoutinstitute.org.au">www.insideoutinstitute.org.au</a>
Luma	<ul style="list-style-type: none"> <li>• Body Esteem Program (in person and online groups available)</li> <li>• Support person workshops</li> <li>• Dietitian service</li> </ul>	6330 5400 <a href="https://luma.org.au/services/eating-disorders/">https://luma.org.au/services/eating-disorders/</a> (previously called Women's Health & Family Services)



National Eating Disorders Collaboration (NEDC)	<ul style="list-style-type: none"> <li>Resources</li> <li>Service locator</li> </ul>	<a href="http://www.nedc.com.au">www.nedc.com.au</a>
Peel Mental Health Service Directory	<ul style="list-style-type: none"> <li>Service directory (Peel)</li> </ul>	<a href="https://www.mycommunitydirectory.com.au/Download/File?token=3c119762-2e10-4af3-b876-604b86045395">https://www.mycommunitydirectory.com.au/Download/File?token=3c119762-2e10-4af3-b876-604b86045395</a>
The Royal Australian College of General Practitioners (RACGP)	<ul style="list-style-type: none"> <li>DSM-5 criteria for Eating Disorder Diagnosis</li> </ul>	<a href="https://gplearning.racgp.org.au/Content/EDV/Eating_disorders_quick_guide.pdf">https://gplearning.racgp.org.au/Content/EDV/Eating_disorders_quick_guide.pdf</a>
Recovery Record	<ul style="list-style-type: none"> <li>Self-monitoring app</li> </ul>	Download on the App Store or Google Play
Swan Centre	<ul style="list-style-type: none"> <li>Individual and group therapy</li> <li>Resources</li> </ul>	<a href="http://www.swancentre.com.au">www.swancentre.com.au</a>
Youth Focus	<ul style="list-style-type: none"> <li>Counselling</li> <li>Group therapy</li> <li>Support</li> <li>Resources</li> </ul>	6266 4333 Email <a href="mailto:hello@youthfocus.com.au">hello@youthfocus.com.au</a>

## Appendix 4: Training Opportunities and Education for GPs

WA Eating Disorders Outreach and Consultation Service (WAEDOCS)	<ul style="list-style-type: none"> <li>Resources</li> <li>Various workshops (1 day each)</li> </ul>	<a href="http://www.nmhs.health.wa.gov.au/hospitals-and-services/mental-health/specialties/eating">www.nmhs.health.wa.gov.au/hospitals-and-services/mental-health/specialties/eating</a>
Australia and New Zealand Academy for Eating Disorders (ANZAED)	<ul style="list-style-type: none"> <li>Various webinars</li> <li>Credentialing</li> </ul>	<a href="http://www.anzaed.org.au/webinars-2-2/">www.anzaed.org.au/webinars-2-2/</a> <a href="https://connected.anzaed.org.au/">https://connected.anzaed.org.au/</a>
Centre for Clinical Intervention	Resources for clinicians	<a href="http://www.cci.health.wa.gov.au/Resources/For-Clinicians/Eating-Disorders">www.cci.health.wa.gov.au/Resources/For-Clinicians/Eating-Disorders</a>
Eating Disorders Training Australia	Various workshops	<a href="http://www.eatingdisorderstrainingaustralia.com.au/workshops-%26-supervision">www.eatingdisorderstrainingaustralia.com.au/workshops-%26-supervision</a>
General Practice Mental Health Standards Collaboration (GPMHSC)	<p>Sets the standards for and accredits education and training</p> <ul style="list-style-type: none"> <li>Training options</li> <li>Resources</li> </ul>	<a href="http://www.gpmhsc.org.au">www.gpmhsc.org.au</a> <a href="https://www.gpmhsc.org.au/resourcehub">https://www.gpmhsc.org.au/resourcehub</a>
National Eating Disorders Collaboration (NEDC)	<ul style="list-style-type: none"> <li>Self-paced online course (4 hours)</li> <li>Resources</li> </ul>	<a href="http://www.nedc.com.au/professional-development/elearning/">www.nedc.com.au/professional-development/elearning/</a>

<b>South Metropolitan Health Service Kara Maar (Specialist Community Eating Disorders Service) REFERRAL FORM</b>	SURNAME:		UMRN:	
	GIVEN NAMES:		DOB:	
	ABORIGINAL or TSI: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
	ADDRESS:			
	EMAIL:		PHONE:	
Kara Maar Eligibility Criteria: <ul style="list-style-type: none"> <li>- Age: 16 and older</li> <li>- Catchment: Lives in South Metropolitan Health Service &amp; WACHS Links Catchment</li> <li>- Presenting with symptoms that may indicate an eating disorder diagnosis.</li> </ul> DOES THE CONSUMER MEET SERVICE CRITERIA? <input type="checkbox"/> Yes <input type="checkbox"/> No, please specify referral reason:				
DOES THE CONSUMER CONSENT TO THE REFERRAL? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>CONSUMER DETAILS</b>		Preferred name:		Pronouns:
<b>REFERRER (Medical)</b>	Name:		Designation:	
	Email:			
	Phone:			
<b>NEXT OF KIN / NOMINATED SUPPORT</b>	Name:		Phone:	
	Relation:		Address:	
	For <18, Legal Guardian:			
<b>GP (if not referrer)</b>	Name:		Phone:	
	Practice:		Fax:	
	Email:			
<b>COMMUNITY SUPPORTS</b>	Dietitian:		Clinical Psychologist:	
	Psychiatrist:		Other:	
	Hospital:		Treating team / ward:	
	Treating Consultant (Medical/Psych):			
<b>EATING DISORDER ASSESSMENT</b>				
Diagnosis:				
<input type="checkbox"/> Dietary restriction <input type="checkbox"/> Vomiting <input type="checkbox"/> Bingeing <input type="checkbox"/> Over exercising <input type="checkbox"/> Laxatives <input type="checkbox"/> Diuretics / diet pills Provide details if ticked:				
<b>ANTHROPOMETRY</b> (date recorded: _____ )				
Height (cm):		Weight (kg):		BMI (kgm2):
Weight history:				
<b>RISK FACTORS</b>				
<input type="checkbox"/> Suicidal attempts / thoughts / intents / plan, specify:		<input type="checkbox"/> Self harming, specify:		
<input type="checkbox"/> Past history of suicide attempt / self harm		<input type="checkbox"/> Substance use (inc. alcohol and other drugs), specify:		
<input type="checkbox"/> Impulsivity		Provide details if ticked and any other relevant background risk / additional information:		
<input type="checkbox"/> Forensic history				
<b>MEDICAL &amp; MENTAL HEALTH ASSESSMENT AND HISTORY</b>				
Observations completed date:			<input type="checkbox"/> ECG <b>less than 7 days old</b> attached	
BP lying	BP standing	HR lying	HR standing	
BSL	RR	Temp	Amenorrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Blood results <b>less than 2 weeks old</b> attached – including amylase, B12/folate, FBC, iron studies, prolactin, TFTs, U/E, LFT, calcium, Mg, phosphate, LH/FSH and estrogen, or testosterone and SHBG ( <b>required</b> )				
Physical concerns: <input type="checkbox"/> Fainting <input type="checkbox"/> Dizziness <input type="checkbox"/> Chest pain <input type="checkbox"/> Dehydration <input type="checkbox"/> Other, specify:				
Known disabilities or impairments:				
Medical history:				
Allergies / adverse drug reactions:				
Psychiatric diagnoses / history / concerns:				

Legal issues:	
Previous admissions (medical / mental health):	
Current medications:	
<b>SOCIAL SITUATION</b>	<b>FAMILY SITUATION</b>
Accommodation:	Dependants:
Occupation:	Relationships:
Primary Language:	
<b>PLEASE NOTE, THE MEDICAL ASSESSMENT FORM MUST BE COMPLETED PRIOR TO COMMENCEMENT WITH KARA MAAR.</b> <b>PLEASE ATTACH ANY RELEVANT DOCUMENTATION INC. RECENT BLOODWORK, ECG etc.</b>	
After you have spoken with the Kara Maar Triage Officer on <b>08 6392 1700</b> send this referral to <a href="mailto:SMHS.KaraMaar.Triage@health.wa.gov.au">SMHS.KaraMaar.Triage@health.wa.gov.au</a>	
If you have any further questions regarding this referral, please phone SMHS Kara Maar 08 6392 1700.	
I acknowledge:	
<input type="checkbox"/> I have read the <a href="#">WAEDOCS</a> guidelines and Kara Maar GP Guide and will continue to medically monitor this consumer as per criteria.	
<input type="checkbox"/> Consumer does not require immediate admission as per <a href="#">WAEDOCS Indicators for Admission</a> .	



FAMILY NAME

MRN

GIVEN NAMES

SEX  MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Service \_\_\_\_\_

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Mental Health  
**PHYSICAL  
EXAMINATION**

To be completed by a medical practitioner within 12 hours of admission. If a physical examination cannot be completed within 12 hours, the reason(s) must be clearly documented below & followed up with the treating team at reasonable intervals until the examination is completed.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ People present: \_\_\_\_\_

Did the patient give consent to a physical examination?  Yes  No

Comments: \_\_\_\_\_

**SYSTEM REVIEW** (e.g. relevant positive or negative history or symptoms)

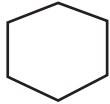
**ORAL HEALTH** (Consider whether an oral health check is required)

**CARDIOVASCULAR** (HS, JVP, Oedema, Veins, QT/QTc, ECG)

**RESPIRATORY** (Signs of Resp Distress, Ent, Sputum)



**GASTROINTESTINAL** (Jaundice/icterus, Bladder/bowel habit issues, Concern of GI bleed)



**GENITOURINARY** (Dysuria, Polyuria, Haematuria)

**NEUROLOGICAL/MUSCULOSKELETAL**

Pupils \_\_\_\_\_

Cranial nerves \_\_\_\_\_

Cerebellar signs \_\_\_\_\_

Extra pyramidal signs? \_\_\_\_\_

Medical Practitioner name: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Qualifications: \_\_\_\_\_



XY301100

DO NOT WRITE IN MARGIN

MENTAL HEALTH PHYSICAL EXAMINATION

SMHMR903



FAMILY NAME

MRN

GIVEN NAMES

SEX  MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Service \_\_\_\_\_

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

## Mental Health PHYSICAL EXAMINATION

### NEUROLOGICAL/MUSCULOSKELETAL (continued)

	Right	Left	Gait
<b>Tone</b> Upper Lower			
<b>Power /5</b> Upper Lower			Is the Abnormal Involuntary Movement Scale (AIMS) test required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reflexes</b> Triceps Biceps Patellar Ankle Plantar			MUSCULOSKELETAL
<b>Coordination</b> Upper Lower			Other comments
<b>Sensation</b> Upper Lower			

### Endocrine *(Include heat/cold intolerance, diabetes)*

### General Appearance and Observations *(e.g. major distinguishing features or injuries, use of aids - walking frame)*

Pulse		Height (m)	
BP	Lying	Weight (kgs)	
Temp		BMI (kgs/m <sup>2</sup> )	
Resp		BGL (mmol/L)	
	O <sub>2</sub> Sats		

GCS \_\_\_\_ /15 (Eyes 1- 4, Voice 1-5, Motor 1-6)

Urinalysis \_\_\_\_\_

Urinary Drug Screen \_\_\_\_\_

### SUMMARY OF FINDINGS

Medical Practitioner name:

Signature:

Designation:

Date:

Qualifications:

Physical Examination completion time:

DO NOT WRITE IN MARGIN



Government of **Western Australia**  
 Department of **Health**  
 Mental Health

FAMILY NAME

MRN

GIVEN NAMES

SEX  MALE  FEMALE

Service: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

**Child & Adolescent Mental Health Service**

# PHYSICAL EXAMINATION

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

*To be completed by a medical practitioner within 12 hours of admission.*

Date:

Time:

Location:

People present:

**GENERAL APPEARANCE AND OBSERVATIONS** (e.g. major distinguishing features, self harm, injuries (inc. pressure injuries), use of aids. Use diagram if needed)

Height:

Weight (kg):

BMI (kg/m<sup>2</sup>):

Pulse rate:

Blood pressure:

Staff Name:

Signature:

Designation:

Date:

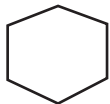
**SYSTEM REVIEW** (e.g. relevant positive or negative symptoms)

## CARDIOVASCULAR

## RESPIRATORY



## GASTROINTESTINAL



## NEUROLOGICAL

 (include the following, if indicated)

Consciousness \_\_\_\_\_

Nystagmus \_\_\_\_\_

Pupils \_\_\_\_\_

Cranial Nerves \_\_\_\_\_

Fundoscopy \_\_\_\_\_

Head Circumference \_\_\_\_\_

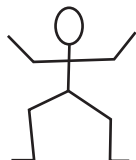
Power \_\_\_\_\_

Sensation \_\_\_\_\_

Tone \_\_\_\_\_

Reflexes \_\_\_\_\_

Gait \_\_\_\_\_



Examining Medical Practitioner:

Signature:

Designation:

Date:

CAMHS PHYSICAL HEALTH ASSESSMENT



FAMILY NAME

MRN

GIVEN NAMES

SEX  MALE  FEMALE

SERVICE \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

M.O.

ADDRESS

**Child & Adolescent Mental Health Service**

**PHYSICAL EXAMINATION**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**RESULTS OF EXAMINATION**

**INVESTIGATIONS ORDERED**

**PHYSICAL HEALTH MANAGEMENT PLAN**

Examining Medical Practitioner:

Signature:

Designation:

Date: