



Better Living
SOLUTIONS

Contact Us:

Better Living Solutions Recovery Center

Phone: (850) 765-6769
Fax: (850) 270-6932

Email: info@blscounseling.net
Website: <http://blscounseling.net>

Address:
820 E Park Ave
Building I Suite 100
Tallahassee, FL 32301

Eating Disorder Referral Form

*To be completed by referring provider

Client Name

Date of Birth / Age

Parent / Guardian (If Adolescent)

Client / Guardian Phone #

Presenting Medical / Psychological Concerns (*Please attach medical records for pre-authorization from insurance company if applicable*):

Recommendation for the Following Service(s) with BLS Eating Disorder Recovery Center:

Eating Disorder Diagnoses

Anorexia Nervosa

Unspecified - 307.1 (F50.00)

Restricting Type - 307.1 (F50.01)

Binge Eating/Purge - 307.1 (F50.00)

Bulimia Nervosa - 307.51 (F50.2)

Binge Eating Disorder - 307.51 (F50.81)

Other Specified Feeding or Eating
Disorder - 307.59 (F50.89)

Avoidant Restrictive Food Intake
Disorder (ARFID) - 307.59 (F50.89)

Pica

Adults - 307.52 (F50.89)

Children - 307.1 (F98.3)

Other _____

Eating Disorder Services / Level of Care Recommended

Evaluation / Program Assessment (*Diagnostic Eval conducted by a licensed mental health clinician specializing in eating disorders; level of care recommendations will be provided to client and family*)

Outpatient Therapy (Individual and/or Family Therapy 1-2 times per week or as needed)

Outpatient Medical Nutrition (Individual and/or Family Dietary Counseling 1-2 times per week or as needed)

Intensive Outpatient Program (3 hrs / 3-5 days per week; includes weekly individual therapy, dietary counseling, family therapy, group therapy, and 1 therapeutic meal support with monitoring per day; adult and adolescent programs available / all genders)
3 Days / Week 5 Days / Week

Partial Hospitalization Program (6 hrs per day / 5 days per week; includes individual and family therapy, dietary counseling, meal planning support/grocery shopping, family support groups, multiple group therapy sessions for client, and 3 therapeutic meal supports with monitoring per day; adult and adolescent programs available / all genders)

Current Eating Disorder Behaviors & Mental Health Concerns

Restricting food intake
Purging thru induced vomiting
Purging thru overexercise
Purging thru laxative abuse
Binge / purge cycles
Binge only behaviors
Extreme weight loss / gain
Restriction of fluid intake
Excessive fluid Intake

Misuse of prescription
medications to suppress appetite
Misuse of diet supplements
Excessive caffeine use to restrict
Extremely limited food variety
Avoidance of a certain food
groups (carbs, proteins, or fats)
Hiding food to restrict
Hoarding food to binge

Resistance to weight gain though medically necessary
Chewing / spitting (not swallowing food but tasting)
Anxiety / panic attacks / fear associated with food
Traumatic event associated with food
Social avoidance centered around food related activities
Argumentative / altered personality traits around food
Negative body image / dissatisfaction with self
Distorted view of actual self / body size
Poor self worth / identity

Patient unable to complete essential
daily social, family, school, and/or
work activities

Inability to maintain a healthy weight
and/or medical stability without the
frequency and intensity of structured
interventions

Patient requires a structured program
to manage acute eating disorder
symptoms that are seriously interfering
with treatment of a potentially life-
threatening medical condition or
psychiatric instability
Client has history of suicidal,
homicidal, and/or self harm thoughts

Additional Observations / Concerns:

Referring Provider: _____

Phone: _____

Contact Person: _____

Fax: _____

Provider Signature: _____

Date: _____