MOOD DISORDERS ASSOCIATION OF BRITISH COLUMBIA

A BRANCH OF Lookout Housing + Health Society

FOOD AS MEDICINE REFERRAL FORM

**Please ensure that you can answer "yes" to the following questions prior to referring your patient to the group.

- Is your patient prepared to make significant changes to their diet to improve physical and mental health? Yes_____ No_____
- Is your patient (or family member) able to cook/prepare their own meals? Yes_____ No_____

Diagnoses accepted: major depressive disorder, bipolar depression, persistent depressive disorder and fibromyalgia
* Patients who are in full remission (asymptomatic) or who are currently manic or hypomanic do not qualify for the group treatment.

Exclusion criteria: active eating disorders, active alcohol/substance use disorders, autism spectrum disorders, severe cognitive impairment.

This group does not manage psychiatric medications. If your patient is actively suicidal or has symptoms of psychosis they will need to be psychiatrically stabilized prior to referral to the group.

Which group are you referring your patient to:
Mood and pain GMV _____ Mood Disorder GMV_____

Referring Dr.'s Name: _____ MSP Number:_____
Office Address: _____
Office Fax: _____Office Phone:_____

Patient's Name:_____
PHN: _____ Phone: _____DOB:_____
Address:_____
EMAIL: _____Gender:_____

Psychiatric Diagnosis:_____

Medical Diagnosis:_____

☐ Has your patient had a psychiatric consultation? If yes, please send a copy of the consultation.
☐ Has your patient had a consultation for a pain disorder? If yes, please send a copy of the consultation.
☐ Has your patient had lab tests in the last 6 months? If yes, please send a copy of the lab results.

All patients will be scheduled for a psychiatric consultation prior to acceptance to the group.
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Mood Disorders Association of B.C. A branch of Lookout Housing and Health Society
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