OET Case Notes

Dietetics · Intermediate · Referral letter · to Eating Disorder Dietitian

Dietetics — Referral to an Eating Disorder Specialist Dietitian

THE CASE NOTES

Patient: Miss Chloe Reilly, 19 years old; first-year university student; referred by university health GP

Weight and BMI: Current weight 43 kg; height 1.65 m; BMI 15.8; has lost 9 kg in 4 months; MUST score 3

Eating behaviour: Restricts to approximately 700 kcal/day; avoids all fat-containing foods; eating only between 12:00–14:00 (one meal per day); refuses breakfast and dinner; anxiety when around food in public; has prepared meal plans she does not follow

Psychological: SCOFF questionnaire score 4/5 (positive screen for eating disorder); low mood; social withdrawal; has agreed to see university counsellor — first appointment pending; denies the severity of her weight loss

Physical: BMI 15.8 — moderate medical risk; no bradycardia, no orthostatic hypotension, no syncope today; bloods: potassium 3.4 (borderline low), albumin 34 (borderline)

Motivation: Ambivalent — denies a problem but attended appointment because her flatmates expressed concern; has agreed to a referral

Reason for referral: Specialist eating disorder dietitian required for structured meal support and the nutritional rehabilitation approach used in eating disorder services — this is beyond the competence of a general community dietitian working alone; multi-disciplinary eating disorder team involvement recommended

Task: Write a referral letter to the specialist eating disorder dietitian, Ms Sarah O'Brien, summarising the clinical picture and requesting specialist assessment.

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WHAT TO INCLUDE

+ **Weight, BMI (15.8), and 9 kg loss in 4 months**
  These figures define the medical risk level. BMI 15.8 in a 4-month weight loss trajectory is moderate-to-significant risk. The specialist uses these to triage whether outpatient eating disorder dietetics is appropriate or whether a higher level of care is needed.

+ **The eating behaviour: 700 kcal/day, fat avoidance, one meal window, and the anxiety around eating**
  These are the dietetic features that confirm this is not a general nutritional problem but a clinical eating disorder pattern. The specialist needs this detail to plan the first appointment approach.

+ **That the patient is ambivalent but has agreed to the referral**
  Motivational status is a critical clinical variable in eating disorder treatment. It shapes the first session — building therapeutic alliance before any nutritional prescriptions.

WHAT TO LEAVE OUT

– **A dietary prescription or meal plan for the eating disorder**
  This is why you are referring. A general dietitian prescribing a meal plan for an active eating disorder without eating disorder training is outside safe competence boundaries. State clearly in the letter that no meal plan has been issued pending specialist review.

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- **Detailed university and social history beyond the flatmate concern**
  Context: one clause — 'first-year university student, currently living in student accommodation'. The eating disorder context matters to the specialist; the academic situation is background.

CRITERION IN FOCUS · GENRE & STYLE

Eating disorder referrals require a particularly careful register — clinical without being stigmatising, urgent without causing alarm, and precise about risk without reducing the patient to a number. Referring to 'Miss Reilly's restricted eating pattern and significant weight loss' is appropriate; 'her anorexic behaviours' is a diagnostic label that should be reserved for confirmed clinical diagnoses. The referral presents the clinical picture; the diagnosis belongs to the specialist team.

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