**BASIC GUIDE TO EATING DISORDERS MEDICAL ASSESSMENT**

**Signifies Text Box**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | | |
| First Name |  | | Last Name | | |  | |
| Date of Birth |  | | Age | | |  | |
| Gender |  | | | | | | |
| **Presenting Issue** | | | | | | | |
| Does the patient have an eating disorder diagnosis? | | Yes  No | | |  | | |
| **Eating Disorder Behaviours** | | | | | | | |
| Which eating disorder behaviours are currently a concern? | | Oral restriction (describe) | | | |  | |
|  | | Binge Behaviours (frequency) | | | |  | |
|  | | Vomiting/frequency | | | |  | |
|  | | Driven exercise/type and time | | | |  | |
|  | | Diuretic use | | | |  | |
|  | | Laxative use | | | |  | |
|  | | Other (please specify) | | | |  | |
| Motivation to change: "How ready are you to change your eating and weight?" Select from drop down list where 10 is highly motivated to change and 0 not motivated to change | | | | | | Choose an item. | |
| **Weight History** | | | | | | | |
|  | | Information icon appears next to question/field description  | | | | Red flag appears next to textbox/drop down menu | |
| Recent weight change: Have you recently lost more than 6-7kgs in a 3-month period? | | Choose an item. | | Describe weight change | |  |  |
| Current weight in kg  | |  | | | | Weight refused | |
| Height in cm  | |  | | | |  | |
| BMI in kg/m2  | |  | | | |  | |
| **Physical Examination** | | | | | | | |
| Heart Rate - sitting (bpm)  | |  | | | | | |

|  |  |  |
| --- | --- | --- |
| Heart Rate - standing (bpm)  |  |  |
| Blood Pressure - sitting/lying (mmHg)  |  |  |
| Blood Pressure - standing (mmHg)  |  |  |
| Current Medications  |  | |
| **Mental State Examination** | | |
| Suicidal thoughts: Prompt questions  Have things been so bad lately that you have thought you would rather not be here?  Have you had any thoughts of harming yourself? Are you thinking of suicide?  Plan or intent: Have you made any current plans? |  |  |
|  | |
| Self-harm: Have you ever tried to harm yourself? | Choose an item. |  |
| Current psychiatric symptoms | Choose an item. |  |
| Past history of psychiatric and/or substance use issues | Choose an item. |  |
| **Basic Investigations**  *All eating disorder diagnosis -* Please conduct the following investigations and forward results when available. Results need to be current, e.g. conducted within the last two weeks. | | |
| Potassium  |  |  |
| Iron/B12/Folate/Thiamine/Vit D/ Vit C  |  |  |
| Lipids  |  |  |
| 12 Lead ECG  |  |  |