

Eating Disorders

Eating disorders are psychiatric disorders characterized by a disturbed body image and a morbid fear of obesity. These disorders are manifested by abnormal patterns of food consumption and self-induced marked weight loss. Anorexia Nervosa is a morbid preoccupation to lose weight, which does not disappear even with significant weight loss to the point of starvation. It affects approximately 1% of adolescent girls and tends to occur early in adolescence following an earlier period of real or perceived obesity. Other psychiatric disorders may be present such as obsessive-compulsion disorder, anxiety, or depression. Symptoms include: loss of menses, cold intolerance, constipation and hyperactivity. Excess mortality is from cardiovascular death (which can occur years later), malnutrition, and suicide. Bulimia Nervosa differs in that there is consumption of large quantities of food followed by an extreme need to then purge oneself of that food. It affects 1-5% of adolescent girls and tends to occur later in adolescence. Many have additional psychiatric disorders such as depression, substance abuse, and anti-social behavior. Build may be normal, underweight, or overweight. Excess mortality is low but due to cardiovascular death or rare esophageal tear.

If your client has a history of Eating Disorders, please answer the following:

1. Please list the diagnosis:

Anorexia nervosa _____ Bulimia nervosa _____

2. Please indicate the number of episodes and date of last episode/recovery:

3. Please note current Height _____ and Weight _____

4. Has weight remained stable for at least 1 year?

If yes, please give dates

5. Is your client on any medications?

If yes, please give details

6. Has your client been hospitalized for treatment of a Eating Disorder ?
If yes, please give dates

7. Does your client have a history of any of the following associated conditions? (check all that apply)

Substance abuse (alcohol or drugs) _____ Personality disorder _____

Psychotic disorder _____ Suicidal thought/attempt _____

Depression _____ Anxiety disorder _____

8. Has your client smoked cigarettes or other form of tobacco in the last 5 years? If yes, please give details

9. Does your client have any other major health problems (ex: cancer, etc.)?

If yes, please give details
