# Eating disorder

We require information about weight, height, and eating disordered behaviours to determine the right service to meet the young person’s needs. Please find out this information before making a referral. Some information might need to be completed by a healthcare professional, we advise non-healthcare professionals to direct the young person and family to their GP when requesting help with eating disorders.

### Please provide the following information, without which, we are unable to process the referral.

**Please consider seeking urgent / emergency medical attention if the following are present:**

* Pulse <50 beats/min
* Temp <35oC
* Blood pressure <80/50 mm Hg or postural drop >20 mm Hg
* Feeling faint / drowsy
* Confusion
* Weight loss >1kg/week
* No food intake for 48hrs
* No fluid intake for 24hrs
* Inability to stand up from sitting

## (1) Information about the child or young person

|  |  |
| --- | --- |
| Full name | Type your response here. |
| Date of birth | Type your response here. |
| NHS Number (if known) | Type number here. |

## (2) Physical health

|  |  |  |
| --- | --- | --- |
| Weight (kg) – drop down | Type your response here. | |
| Height (cm) – drop down | Type your response here. | |
| **Weight Trend** (please give details of previous weights | Weight | Date |
|  | Weight | Date |
|  | Weight | Date |
|  | Weight | Date |
| Sitting BP (mmHg): | Type your response here. | |
| Sitting Pulse (bpm): | Type your response here. | |
| Standing BP (mmHg): | Type your response here. | |
| Standing Pulse (bpm): | Type your response here. | |

## (3) Presentation

|  |  |  |
| --- | --- | --- |
| Please describe the eating disordered behaviour, how long and how it is affecting day to day activities | | |
| Type your response here. |  | |
| **Please tick as appropriate:** | |  |
| Restricting food / fluid Intake | |  |
| Binge eating | |  |
| Avoiding food with high calories | |  |
| Counting calories in food | |  |
| **Active attempts to lose weight** | |  |
| Self-induced vomiting | |  |
| Use of laxatives / diuretics | |  |
| Excessive exercising | |  |
| Pre-occupation with body / body checking | |  |
| Loss of menstrual period | |  |

|  |  |  |
| --- | --- | --- |
| For non-healthcare referrers | | |
| I have directed the young person to their GP / paediatrician for a physical health check? | Yes | No |