# 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, withoutwhich, 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 oryoung person

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| NHS Number (if known) |  |

## (2) Physical health

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

## (3) Presentation

|  |
| --- |
| Please describe the eating disordered behaviour, how long and how it is affectingday to day activities |
|  |  |
| **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 | [ ]  |

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