

EATING DISORDER (03/22) (101482)

Category: TEMPLATES TO RELEASE

Scheduled appt type: _____

CC Concerns of eating disorder
 Onset of concerns: How often do you think about food? Patient impression of body image / weight / shape: Dietary restrictions: Typical meal / portions: Do you make yourself sick because you feel uncomfortably full? Do you worry you have lost control over how much you eat? Episodic vomiting / purging noted (Y/N): Family / social media / school stresses: Family history of eating disorders (Y/N) History of anxiety (Y/N) History of depression (Y/N)

HPI

freeform
ROS _____

Structured ROS

Reports: weight loss or gain	_____
Pert: constipation	_____
Pert: fatigue	_____
Pert: muscle aches (myalgias)	_____
Pert: Absence of 3 or more consecutive menstrual cycles	_____
Pert: sense of worthlessness	_____
Pert: feeling sad	_____
Pert: cold intolerance	_____
Pert: Change in fat distribution	_____
Pert: hair loss	_____
Pert: Change in skin tone or texture	_____
Pert: easy bruising	_____
Pert: rashes or dry skin	_____
Pert: muscle wasting	_____
Pert: obsessiveness	_____
Pert: irregular periods	_____
Pert: dysmenorrhea	_____
Pert: Last Menstrual Period	_____
Pert: age at menarche	_____
Pert: high stress levels	_____

Pert: not sleeping well	_____
Pert: palpitations	_____
Pert: feeling dizzy during exercise	_____

Structured exam

NL: conjunctivae & lids: pink & moist	no pallor or icterus
Pert: nourished	_____
NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
Pert: mood & affect	_____
NL: inspection (includes subcutaneous tissue): no rash	_____
NL: range of motion: FROM without pain	_____
NL: liver & spleen: no hepatosplenomegaly	_____
NL: abdomen: soft, nontender/nondistended, normal bowel sounds, no mass	_____
NL: auscultation of heart: regular rate & rhythm, no murmur	_____
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	_____
NL: respiratory effort: no retractions, no tachypnea	_____
NL: thyroid: no enlargement or mass	_____
NL: neck: supple, trachea midline, no masses or significant adenopathy	_____
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	_____

Remaining template documentation elements

Counseling:	Concerns reviewed with patient: 1. History of extreme dieting 2. Family stressors / conflict 3. Family contact / involvement / closeness 4. Feeling of lack of control or rigid patterns about eating 5. History of sexual abuse 6. Do you plan life activities around food / meals 7. Suicidal thoughts / attempts
Coordination of Care:	_____
Diagnosis:	Anorexia nervosa, unspecified(F50.00)
Assessment:	Eating disorder, consistent with DSM-5 criteria
	Discussed anoxeria, patient's views of initial, current, and

Plan:

desired weight Reviewed BMI and current weight percentage below ideal body weight Discussed need for laboratory evaluation (consider CBC, electrolytes, nutrient levels, hormone testing, UA, urine pregnancy) Consider ECG if bradycardia on exam Orthostatic vitals reviewed Discussion with family about comprehensive treatment approach involving physician, psychiatrist, psychologist or social worker, dietitian Discussion about comprehensive multi-modal therapy plan, including medical and nutritional management / rehabilitation, behavioral therapy including individual / family / group therapy Discussion about indications for urgent inpatient admission and management Discussion about consideration of medication treatment and possible side effects

Patient Instructions:

Remaining workflow elements

Procedures

Orders
