Eating disorders initial assessment

Date of assessment:
Name: Date of birth & Age:

NHS:

Telephone number:

GP Name and address:

Care coordinator if applicable:

Reason for referral / what's brought you here today?

Current eating disorder symptoms
Current diet
Tell me about what you eat over the course of a day. Include any snacks.
How many meals or snacks do you have? And has any of this changed recently?

Do you need prompting or support to eat?

Tell me how you make decisions about the foods you eat. Calorie count?

Do you ever go periods without eating? How often and how long?

Eating disorder behaviours
Restricting
Thinking process for restricting? How does it make them feel?

Bingeing
Do you tend to eat lots of food quickly in one sitting?

How much food and what foods do you eat during this time?

How long does this last?

Do you eat until you feel uncomfortably full? Do you feel like you can't stop and feel out of control?

When you eat this amount, is this distressing?

How often does this happen?

Do you eat in secret?

Are there certain times of the day or night that you binge? What does this depend on?

How do you feel when binging?

Vomiting
Do you make yourself sick?

When? How often?

How have you been doing this? (using fingers, or use of other implements that may increase the risk, for example toothbrush)

Laxatives / diuretics / diet pills (include type and dose):
When? How often?

Water loading:
What is fluid intake like?

Exercise / over-activity (high risk greater than 2hr day; mod greater than 1hr day; mild less than 1hr day):

Do you intentionally regurgitate previously swallowed food, and re-swallow it or spit it out, without vomiting?

Frequency of weighing? Body checking?
Behaviours- comparing to old pictures, checking areas of body by pinching, measuring, trying on old clothes. Do you weight yourself? Check yourself in mirrors? Do you avoid body checking? E.g. avoid mirrors.
Dissatisfaction / preoccupation with weight and shape? Desired weight?
Body image distortion?
Fear of gaining weight?

Have you noticed your weight changing recently? Has your clothing size changed?

Have you been trying to lose weight? How do you feel about your current weight?

Are you worried about the way you look? Look out for feeling for bones and pinching flesh, wearing baggy clothes or layers of clothes to hide shape or light clothing in cold weather to burn calories. What do others say about your weight?

Other behaviours
Are there any other behaviour's associated with your eating disorder, e.g, avoidance of eating in public, or with family, avoidance of certain food groups, obsessive compulsive behaviours or other rituals?

How do your current difficulties impact upon your ability to perform domestic tasks, such as, supermarket shopping, meal preparation (please detail any difficulties with handling food), and / or budgeting?

Are you able to do the things you used to do? (may give information about physical deterioration)

How much of the day do you find yourself thinking about food?

Do you use social media? How does this affect your problem? Do you look follow recovery pages or eating page? E.g. anorexia pages. What I eat in a day videos.

History of eating disorder
Timescale of eating disorder, i.e. when did you first suspect eating disorders may be causing problems in your life?

Can you identify any significant life events or traumas in your personal life that might have contributed to the development of your eating disorder? I.e. how did it begin / develop?

Any previous contact with eating disorders services or hospitalisation? If so, for how long? What therapy did you engage in?

Mood / Comorbidities / Risk History

Mood 1-10, why that number?
Feelings of hopelessness, worthlessness, loss of enjoyment; irritable / anxious / hypervigilant / increased obsessionality / poor concentration / reliving traumatic events
Suicide / deliberate self-harm / thoughts, plans, attempt / do you ever have thoughts of ending your life?
Anxiety – generalised or specific phobia
History of alcohol and drug use, including smoking
Other risky behaviour? Trouble with police / convictions?
How would you describe your mood? I.e. tearful, irritable, reduced motivation to engage in day to day activities? Have you been diagnosed with, or are you concerned about, any other mental health problems? Tell me about your treatment for these.

Past Psychiatric History and Treatments

Physical health

Medication:
Including contraceptive

Any known medical conditions:

Known allergies:

(if diabetic) Do you abstain from taking insulin with the intention of possible weight loss?

How do you feel physically?

Do you have periods?
If yes, did they ever stop?

How is your sleep? I.e. broken sleep, early waking, difficulty getting off to sleep, no problems with sleep?

Fainted/collapsed Y / N

Cardiorespiratory

Shortness of breath Y / N
Chest pain Y / N
Palpitations (pounding in chest) Y / N
Dizziness / loss of consciousness Y / N
Swelling of ankles Y / N

Hydration

Dry mouth Y / N
Decreased urine output Y / N
Rapid heart rate / tachycardia (over 100 beats per minute) Y / N

Gastroenterology

Heartburn Y / N
Vomiting Y / N
Parotid swelling (swelling in cheeks) Y / N
Dental Health Y / N
Blood in vomit (red or brown- dried blood) Y / N
Constipation Y / N
Abdominal pain Y / N
Jaundice (skin and eyes yellow) Y / N
Diarrhoea Y / N

Other

Lanugo hair (downy hair on body) Y / N
Hair loss Y / N
Dry skin Y / N
Skin breakdown Y / N
Tingling of fingers and toes Y / N
Muscle cramps Y / N

Weight

Current weight (kg): Current Height:

Current BMI:

Highest ever weight: Lowest ever weight:
Perceived ideal weight:

Weight loss- has it been gradual or rapid, time scale etc:

Recent blood test (was it okay):

Vitals

Blood pressure (sitting) Pulse:

Blood pressure (standing) Pulse:

Personal / Social History

Current situation

Lives with / is supported by whom?
Quality of relationships with peers and other adults
Employment
Financial situation
Ethnicity / diversity / religious beliefs
Safeguarding or capacity concerns?
Driving?

Do you have a supportive network of family / friends?
Any difficult family dynamics?

Family circumstances

Quality of family and sibling relationships
Family psychiatric and medical history

Developmental history

Include education (academic attainments, behavioural difficulties)

Personal history

Relationships etc.

Who is aware of current difficulties? To what extent to they know? How do they currently support?

What are your preferred leisure activities?

Have your current difficulties impacted upon your ability or motivation to carry out leisure pursuits?

What have you found helpful in the past?

Strengths, aspirations and goals for treatment

How do you rate your motivation for change/treatment?
How confident do you feel in your ability to change?

Consent
Next of kin:

Telephone number:

Consent to contact:

Preferred contact:

Other people to share with or gather information from e.g. Family, carer or friends?
Any exceptions or limitations?

Any questions?

'Has the patient, who has been diagnosed with an Eating Disorder,been offered a discussion with a Healthcare Professional on Psychological Treatment options?'

Have a discussion with the patient about psychological treatment options which can include our offer within service and externally such as the momentum service provided by B-EAT for binge eating and external services such as community psychology and IAPT