



**\*\*Please DE-IDENTIFY All Personal Health Information\*\***



*Please fill in as much information as you can. All fields do not need to be fill in to present a case.*

Presentation Date:

Presenter Name:

Site Name:

Phone Number:

Email:

**De-identified patient information:**

New Patient

Follow-up

Gender:

Age:

Date of Admission (if currently in treatment):

Insurance:

**Brief summary of questions or concerns for today's discussion:**

**History of present illness** (onset, duration of EDO symptoms, mitigating or aggravating factors):

**Functional Assessment:**

Student	Yes	No
Employed	Yes	No
Disabled	Yes	No

**Main supports:**

Mental Health Treatment:  Current  Past Info:

Eating Disorder Treatment:  Current  Past Info:

**Mental health symptoms** (check all that apply):

- Depressive symptoms
- Anxiety
- Suicidal/self-injurious behavior
- Aggressive/threatening behavior
- Social withdrawal
- Sleep disturbance
- History of trauma
- Family or other social problems
- Self-harm (specify):
- Other symptoms (describe):

SCOFF Score (if available):

EAT Score (if available):

**\*\*Please attach list of current medications (including dosage and schedule) and active diagnoses.\*\***

**Presenting Medical History** (check all that are appropriate):

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or EDs (OSFED)
- Obesity
- HgA1C (if avail.) \_\_\_\_\_
- Gallbladder disease
- Bradycardia
- Hypotension
- Hypothermia
- Acrocyanosis
- Electrolyte imbalance
- Cardiac arrhythmia
- Syncope
- Osteoporosis
- Amenorrhea
- Dental enamel erosion
- Salivary gland enlargement
- Hyperamylasemia
- Edema
- Hypertension
- High cholesterol
- Elevated triglyceride level
- Type I Diabetes Mellitus
- Type II Diabetes Mellitus
- GI problems (please specify):

**Psychiatric Illness:**

- Depression PHQ9 score \_\_\_\_\_
- Anxiety
- Bipolar Disorder
- Schizophrenia
- Personality Disorder:
- Other psychiatric illness:

**Substance Use History:**

- ETOH
- Opioids
- Nicotine
- Cocaine
- Cannabis
- Other (specify):

**Eating Disorder Assessment:**

Weight:	Height:	If under 18, stature for age %:
Pulse:		Weight for age %:

Highest weight ever since age 18 (excluding pregnancy):	Highest stable weight ever since age 18 (over several months/years, excluding pregnancy):
Lowest weight ever since age 18:	

Food restriction:       Yes               No              Frequency:

Binge Eating:             Yes               No              Frequency:

Vomiting:                 Yes               No              Frequency:

Laxative Abuse:         Yes               No              Frequency:

Diuretic Abuse:         Yes               No              Frequency:

Diet Pill Abuse:         Yes               No              Frequency:

Other forms of purging  Yes               No              Frequency:

Exercise frequency:

Body dissatisfaction/distortion/disparagement:       Yes               No

Additional Notes:

***Please note:*** Case presentations in a Project ECHO<sup>®</sup> clinic do not create or otherwise establish a provider-patient relationship between a URMIC clinician and any patient whose case is presented.