



Central Region Eating Disorder Services (CREDS)

PRE ASSESSMENT MEDICAL REVIEW FORM

- As part of the CREDS referral and assessment process we require all clients to be reviewed by a medical practitioner, and the following form to be completed in full
- It is important that all this information is current and gathered on the same day
- Please ask the lab to forward blood results, and Cardiology to forward the ECG to the client's mental health clinician (CAMHS or CMHT)

Client name and NHI:		Findings		Indicators of medical instability <i>Consider medical admission if -</i>
Pulse and B.P.	Lying (after 5 mins)	Pulse:	B/P:	Pulse < 45: BP <80 sys. <40 dia. or if change on standing >25
	Standing (after 2 mins)	Pulse:	B/P:	
ECG (please send copy to CREDS)				Bradycardia or prolonged QTC
Temperature				< 35.5
Hydration				
Peripheral status / circulation				Abnormal
Weight	Current			> 20% of body weight lost within a 6 month period;
	Minimum			
	Maximum			< 85% of 'normal' weight for developmental stage
	Duration of weight loss			
Height				
BMI: (WT ÷ HT ÷ HT)				< 14
Menstruation				> 3 months Amenorrhoea
Is oedema present?		Yes/No		Where?
Has client been purging?		Yes/No		How often?
Has client been bingeing?		Yes/No		How often?
Has client been exercising ++?		Yes/No		How often?
Blood work	Full blood count	Lab form sent to lab requesting copies of results to be sent to CREDS?		Yes
	Electrolytes	Current Medications:		
	K			
	Phosphate			

Exam date/time:

Doctor's name completing this exam:

Doctors practice:

Phone:

Fax:

Email:

Please return this form to the client's CAMHS or CMHT clinician in your region.