



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 copies of the ECG to CREDS

<b>Client name and NHI:</b>		<b>Findings</b>		<b>Indicators of medical instability</b> <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				
<b>BMI:</b> (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	<b>Lab form sent to lab requesting copies of results to be sent to CREDS?</b>		<b>Yes</b>
	Electrolytes	<b>Current Medications:</b>		
	K			
	Phosphate			

Is the client involved with a mental health service or professional?

If yes, who?

Have they had previous support from a mental health service or professional?

If yes, who?

