### Schema for Medical History Taking for clients with eating disorders

#### Identifying Information
- Name
- Date of birth
- Address
- Work phone number
- Home phone number
- Permission to contact and any special instructions

*Note: Permission to contact: to protect confidentiality, obtain specifics of where you may contact them (who, where, how?)*

#### Referral source
- Date of examination

#### History of present illness
Indicate what history is obtained from collateral sources and from whom, both medical and psychiatric

#### Weight
<table>
<thead>
<tr>
<th>At 5-10 years</th>
<th>Maximum weight</th>
<th>Desired weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early in teens</td>
<td>Usual Weight</td>
<td>Preferred weight</td>
</tr>
<tr>
<td>Later in teens</td>
<td>Lowest Weight</td>
<td>Healthiest weight</td>
</tr>
</tbody>
</table>

*Weight: there is usually a difference between the weight the patient believes would be medically acceptable and that which they would find acceptable*

#### Eating Behaviour
- Eating: average day now – Breakfast, Snack, Lunch, Snack, Dinner, Snack
- List of foods they will eat
- List of foods they will not eat
- Food allergies/intolerances: what food and what happens?
- Vegetarian? Vegan?
- Intolerances (e.g. Lactose)
- Preferences
- Religious and cultural beliefs
- Time course of beliefs about food
- Beliefs about food consumption

#### Adaptive Behaviours

##### Exercise
- Current pattern of exercise
- Types of exercising (aerobic/anaerobic)
- Most extreme exercise
- Duration of exercise per 24 hours
- Is exercise obligatory?
- Effects of missing a day of exercise
- Debit (e.g. what food would they not eat?)

##### Purging
- Fluid loading
- Purge
- How long after binge/eating?
- How?
- Times vomited
- Blood vomited
  - How often?
  - How much?

*Use of (what, how much, when?):*
- Laxatives, enemas, suppositories
- Diuretics, ipecac, fasting, exercise
- Misuse of insulin, self-phlebotomy, self-lavage
**Purging behaviours**: take a history of all the purging behaviours that have been used, not just at present

<table>
<thead>
<tr>
<th>Binge Eating</th>
<th>When?</th>
<th>Why?</th>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First binged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usual Binge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever binge with others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings during binge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of binge</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Feelings during binge**

- Why it is stopped
- Feelings afterwards

**Physical Symptoms**

**Head and neck**
- Hair: loss, new growth (lanugo)
- Vision: night, loss of focus

<table>
<thead>
<tr>
<th>Skin</th>
<th>Dry</th>
<th>Bruising</th>
<th>Rash</th>
</tr>
</thead>
</table>

**Cardiovascular/respiratory**

- Shortness of breath
- Palpitations
- Chest pain

<table>
<thead>
<tr>
<th>Orthopnoea</th>
<th>Paroxysmal nocturnal dyspnoea</th>
<th>Exercise tolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden onset/finish</td>
<td>Frequency</td>
<td>Duration</td>
</tr>
<tr>
<td>Change recently?</td>
<td>Related to binge and purge?</td>
<td>Rapid or slow rate?</td>
</tr>
<tr>
<td>Regular/irregular?</td>
<td>Precipitating factors</td>
<td>Radiation</td>
</tr>
<tr>
<td>Where?</td>
<td>Description (knife, ache, burning, heaviness etc)</td>
<td>Duration</td>
</tr>
<tr>
<td>Associated Sx</td>
<td>Relieving factors</td>
<td></td>
</tr>
</tbody>
</table>

**Sexual and reproductive/menstrual history**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Periodicity</th>
<th>Flow</th>
<th>Amenorrhoea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral contraceptives</td>
<td>Anovulation</td>
<td>Pregnancy</td>
<td>Mothering</td>
</tr>
</tbody>
</table>

**Urinary**

- Incontinence
- Nocturia

<table>
<thead>
<tr>
<th>Stress</th>
<th>Urinary frequency &amp; volume</th>
<th>Volume</th>
</tr>
</thead>
</table>

**Musculoskeletal**

- Strength
- Pains (describe)

<table>
<thead>
<tr>
<th>Weakness (where?)</th>
<th>Cramps (where?</th>
<th>Numbness</th>
</tr>
</thead>
</table>

**Neurological**

- Dizziness (describe)

<table>
<thead>
<tr>
<th>When?</th>
<th>Concentration</th>
<th>Memory</th>
</tr>
</thead>
</table>

**Psychosocial**

- Depression
- Suicidal ideation
- Effect of eating disorder on life
- Amount of time spent thinking about weight, eating, eating concerns?
- Can they eat in front of others? Who?

**Past Medical History**

**Allergies to medications and other allergies:**
- Medications: what?, how much?, do they purge them?, can they take them?
- Over the counter medications
- Illicit drug-taking
- Cigarettes (how may? How long?) Note: *Smoking is an anorexic behaviour (10 calories of energy are burned per cigarette)*
- Alcohol: wine, beer, hard liquor? How much? Binge drinking?
- The use of alcohol to manage feelings or behaviours?
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<th>Family History</th>
</tr>
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<tbody>
<tr>
<td>Functional inquiry</td>
</tr>
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