**The ED Exercise Clinic self-referral form**

Please complete the referral form**in full** for us to determine if this is the best service for you. If you have any queries about whether a referral is appropriate, please contact the service at daniel@edexerciseclinics.com

As part of the referral please can you attach your most recent blood results, and vital signs (Heart rate, blood pressure) with the date they were taken. If possible, also attach your most recent ECG and any relevant medical notes. These are essential parts of the risk assessment used to advise on exercise. If these have not been done for a long period of time then during the assessment we might advise you to go and do one or more physical check-ups.

|  |  |  |  |
| --- | --- | --- | --- |
| Client full name: |  | Telephone: |  |
| Email: |  | Date of birth: |  |
| Address: |  | | |
| Ethnicity: |  | | |
| Gender: |  | | |
| Next of kin name: |  | Telephone: |  |
| Address: |  | Email: |  |
| GP details: (Name/address/number/email) |  | | |
| When did you last visit your GP? |  | | |

|  |  |
| --- | --- |
| **What support are you currently receiving? (Outpatient services, private therapy, dietetics etc)** | **Consent to contact these professionals:**  YES/NO  **Signed:** |
| **Contact details of current support (Email/Mobile number):** | |

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| **Presenting difficulties related to exercise and/or eating disorder:** |
| **Brief eating disorder history if relevant:** |
| **Any formal/informal diagnosis?** |
| **What do you want to achieve from treatment?** |

**TREATMENT PLAN**

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| **What initial treatment package are you wanting to purchase? (Please tick)**  1. Psychological assessment  2. Psychological assessment + Four 1-1 therapy sessions |
| **Location preference:** Online  In-person (Mondays and Fridays in London Bridge) |

Physical health

|  |  |  |
| --- | --- | --- |
|  | | Date |
| Weight (KG) |  |  |
| Any significant changes to weight in the past 4 weeks? |  |  |
| Height |  |  |
| BMI |  |  |
| BP |  |  |
| Any relevant physical health conditions: | | |
| I have attached most recent:  Bloods YES/NO  ECG results YES/NO Medical reports YES/NO | | |