

The Harbour

Eating Disorders Foundation of Canada (EDFC)

Western Research Park

Suite 227, 100 Collip Circle, London Ontario.

Fax 519 858 5086



THE HARBOUR

PATIENT INFORMATION

LAST NAME		FIRST NAME	
DATE OF BIRTH		GENDER	
PATIENT'S ADDRESS		CELL PHONE	
		HOME PHONE	
		WORK PHONE	
		EMAIL	
OHIP #			

How long have they had an eating disorder?

Have they ever been hospitalized? Yes No

Current suicidal thinking? Yes No

Current self-harm Yes No

Current substance use? Yes No

Have they received eating disorder treatment (specify)? Yes No

Comorbid psychiatric diagnoses:

Past Medical History:

Current Weight:	Height:	BMI:	HR: BP:	Date of last menstrual period:
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Current Medications: (List or Attach)	
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Weight Control Methods	Frequency & Duration
Food intake Restriction	
Binge Eating	
Induced vomiting	
Laxative use	
Exercise Quantity	
Chewing and spitting	
Diet pills/ Psychostimulants	
Diuretics	
Substance use	
Other	

Bloodwork & Lab Tests Required

TSH
Na+, K+,
Ca2+
Ferritin
Glucose
Serum Amylase
CBC & Differential
Folate, Vit B12
Magnesium
Phosphate
Urea & Creatinine
Albumin
FSH, LH, Estradiol
AST, ALT, GGT
Alkaline Phosphatase
Bilirubin
ECG

Previous bone scan? Yes No

Previous EEG? Yes No

Referral Source for Patient:

REFERRING MD		PHONE	
SPECIALTY		FAX	
MD SIGNATURE		Office Address	