



**Name:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

### **My Symptoms May Include:**

- Binge Eating
- Purging
- Rumination
- Compulsive Exercise
- Weight Loss
- Medication Use
- Restriction of Food Intake
- Laxative/Diuretic Misuse



# **REASONS**

Eating Disorder Center

**844-573-2766**

With limited exceptions, physicians are not employees or agents of this hospital. 211315-2082 10/21

## Medical Disclosure Card - Eating Disorder

- **Please DO NOT show or tell me my weight, BMI, or IBW percentage.**  
Whenever possible, please ensure that this data is not included or is blacked out with marker on paperwork given to me.
- **Please DO NOT recommend changes in diet or exercise.**  
If there is a concern specific to diet or exercise that **MUST** be addressed, please request a release to speak to my dietitian before informing me of recommendations.
- **My lipids or cholesterol may be artificially elevated**
- **I am at risk to fixate on weight gain as a possible medication side effect.**