



The Emily Program

Real help for eating disorders

Dear Primary Care Provider,

The Emily Program is a multi-disciplinary program that specializes in treatment for all types of eating disorders. The Emily Program offers all levels of support including outpatient care, partial programming, and residential care. Our residential levels of care include 24-hour nursing and medical support. Your patient is seeking care through one of our many programs. Having up-to-date medical information is critical for placing clients in the appropriate level of care.

We request that all clients receive a medical assessment prior to admission to various levels of care at The Emily Program. Please complete the following assessment including laboratory and electrocardiogram evaluation.

PLEASE ATTACH COPIES OF THE FOLLOWING: ***required for admission; labs and EKG must be performed within 7 days for clearance**

- *Comprehensive Metabolic Panel**
- *Magnesium**
- *Phosphorus**
- *Complete Blood Count**
- *Electrocardiogram**
- Additional Testing as Deemed Pertinent by Hx and exam (DEXA, TSH, Vit D, Drug Screen)
- If < 18 Growth Charts

ATTACH COPY OF MEDICAL ASSESSMENT OR PROVIDE THE FOLLOWING INFORMATION:

- CHECK HERE IF YOU WISH TO USE YOUR OWN MEDICAL EXAM FORM.**
- ATTACH COPIES OF REQUIRED *LABS AND EKG- MUST BE PERFORMED WITHIN 7 DAYS FOR CLEARANCE**

PATIENT NAME: _____ **DOB:** _____

DATE OF OFFICE VISIT: _____

MEDICAL HISTORY
History of Presenting Illness & Current Symptoms:
Previous Treatment History:
Psychiatric History:
Substance Use or Concerns:
Past Hospitalizations/Surgeries/Injuries:
Ambulatory Concerns:
Allergies:
Other Medical Conditions:
<input type="checkbox"/> Check here if history of or current communicable diseases



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REVIEW OF SYSTEMS			
General:	Fatigue/ Dizziness	Negative	Comments:
HEENT:	Swollen glands/ ST/ Epistaxis	Negative	
Skin:	Rashes/ Dry skin	Negative	
Respiratory:	SOB/ Wheezing	Negative	
Cardiac:	CP/palpitations/Edema	Negative	
Abdomen:	Abdominal pain/ constipation/ N/V/D/dyspepsia/ gas/ bloating	Negative	
GU:	Dysuria	Negative	
Lymph:	Swollen glands	Negative	
Extremities:	Myalgia's/ joint pain /swelling	Negative	
Neurological:	Numbness/ weakness/ HA's	Negative	
Additional Comments or Concerns:			
VITALS			
Gender:		Height:	
Weight:		BMI:	
Lying BP:	*prefer orthostatic BP assessment	Lying pulse:	*prefer orthostatic BP assessment
Standing BP:	*prefer orthostatic BP assessment	Standing pulse:	*prefer orthostatic BP assessment
Sitting BP:		Sitting Pulse:	
Temperature:		Respirations:	
LMP:		Irregular cycle:	Y / N
PHYSICAL EXAM:	<i>PLEASE CIRCLE</i>		
HEENT:	Normal / Abnormal	Comments:	
Respiratory:	Normal / Abnormal		
Cardiac/Circulatory:	Normal / Abnormal		
Abdomen:	Normal / Abnormal		
Lymph:	Normal / Abnormal		
Extremities:	Normal / Abnormal		
Neurological:	Normal / Abnormal		
Skin:	Normal / Abnormal		
Other:	Normal / Abnormal		



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MEDICATIONS: *Please list current medication including dosage and reason for taking OR attach active medication list.*

Medication/Dosage/Reason For Use:

ASSESSMENT & PLAN:

DIAGNOSES: *Please list all current diagnoses*



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CARE COORDINATION: *For continued care coordination throughout your patient's treatment with The Emily Program, please provide your contact information below.*

Provider Name:	
Provider Signature:	Date:
Address:	
Phone:	
Fax:	

INTERNAL USE ONLY

- This client is appropriate for higher levels of care programming at The Emily Program.*
- This client is not appropriate for higher levels of care programming at The Emily Program.*

Please indicate reasoning: _____

<i>TEP Provider Signature:</i>	<i>Date:</i>
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PLEASE SEND COMPLETED DOCUMENTATION AND INFORMATION TO THE EMILY PROGRAM LOCATION INDICATED BELOW:

MINNESOTA:

ANNA WESTIN HOUSE RESIDENTIAL

1449 Cleveland Ave. N

St. Paul, MN 55108

Phone: 888-364-5977 x1500 (Referrals to x1111)

Fax: 651-328-8254

DULUTH

26 E. Superior St., Suite 315

Duluth, MN 55802

Phone: 888-364-5977 x1705

Fax: 218-722-4184

ST. LOUIS PARK

5354 Parkdale Dr., 2nd Floor

St. Louis Park, MN 55416

Phone: 888-364-5977 x1400

Fax: 952-746-5962

ST. PAUL (COMO)

2265 Como Ave.

St. Paul, MN 55108

Phone: 888-364-5977 x1100

Fax: 651-379-6141

ST. PAUL (TOOGOOD/ANNA WESTIN HOUSE ADOLESCENT & YOUNG ADULT RESIDENTIAL)

2230 Como Ave.

St. Paul, MN 55108

Phone: 888-364-5977 x1900 (Referrals to x1111)

Fax: 651-641-6190

WOODBURY

576 Bielenberg Dr., Suite 250

Woodbury, MN 55125

Phone: 888-364-5977 x2300

Fax: 651-348-3355

OHIO:

BEACHWOOD

Chagrin Richmond Plaza Office Building

25550 Chagrin Blvd., Suite 200

Beachwood, OH 44122

Phone: 216-765-0500 or 888-364-5977 x4200

Fax: 216-765-0521

CLEVELAND HEIGHTS RESIDENTIAL

2141 Overlook Rd.

Cleveland Heights, OH 44106

Phone: 888-364-5977 (Referrals to x2222)

Fax: 216-302-3171

WASHINGTON:

SEATTLE

1700 Westlake Ave. N, Suite 700

Seattle, WA 98109

Phone: 888-364-5977 x1800

Fax: 206-283-2223

SOUTH SOUND

673 Woodland Square Loop SE, Suite 330

Lacey, WA 98503

Phone: 888-364-5977 x2500

Fax: 360-628-5240

SPOKANE

2020 East 29th Ave., Suite 200

Spokane, WA 99203

Phone: 509-252-1366 or 888-364-5977 x2100

Fax: 509-252-1367

Other: Please call _____ at 1-888-364-5977, ext: _____ with any questions or concerns.