



The Emily Program

Real help for eating disorders

Dear Primary Care Provider,

- The Emily Program (TEP) is a multi-disciplinary program that specializes in the treatment of eating disorders (ED) and offers all levels of support which include outpatient care (OP), intensive outpatient (IOP), partial programming or intensive day programming (PHP/IDP), and residential care (RES). This form addresses **medical follow-up** during PHP/IDP. We are asking you for your collaboration and medical expertise in completing this medical follow-up form for our mutual patient. Please keep in mind:
 - Patient’s symptoms wax and wane rapidly during treatment.
 - ED symptoms can “swap” i.e., a patient who originally only restricted food starts bingeing and purging and vice versa.
 - ED symptoms may worsen before they get better.
 - Patients are more honest and open with medical providers about their bodies which is especially important during the re-feeding and ED treatment process.
- Therefore, we request that all patients receive a medical assessment the **first week after starting PHP/IDP and typically every other week thereafter** unless otherwise clinically indicated (see below). The following are *suggested* laboratory and monitoring parameters for follow up.

*For more information please consult The Academy of Eating Disorders Guide to Recognition and Medical Management of Eating Disorders: <http://www.aedweb.org/images//2016MCSGV3.pdf>

- Week 1 (post medical clearance): All: CMP, phos, mg
- Week 2 and on:
Bulimia Nervosa and Anorexia Nervosa, binge/purge type: lytes via CMP, phos, mg weekly until cessation of purging
Anorexia Nervosa (all subtypes): phos, mg for the first 2 weeks of re-feeding

Every Visit:

- Orthos (BP and HR), after 5 min lying and after 3 min standing
- f/u EKG if suspect/client reports ↑ purging, worsening bradycardia, syncope, chest pains, palpitations, etc.

*(purging includes self-induced vomiting, laxative/diuretic abuse or compulsive or excessive over-exercise)

ATTACH COPY OF MEDICAL ASSESSMENT OR PROVIDE THE FOLLOWING INFORMATION:

- CHECK HERE IF YOU WISH TO USE YOUR OWN MEDICAL EXAM FORM.**

PATIENT NAME: _____ **DOB:** _____

DATE OF OFFICE VISIT: _____

HISTORY OF PRESENTING ILLNESS:**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



The Emily Program

Real help for eating disorders

PHYSICAL EXAM:		
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	
ASSESSMENT & PLAN:		
DIAGNOSES:		



The Emily Program

Real help for eating disorders

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.