Prosperity
EATING DISORDERS & WELLNESS CENTER

Dear Medical Providers:

Your patient is being evaluated for participation in our Intensive Outpatient or Partial Hospitalization Programs for eating disorder treatment.

Prosperity provides mental health counseling, nutrition guidance, and psychiatric monitoring, but we do not have medical doctors on staff to evaluate or monitor the physical condition and medical stability of clients. Therefore, we require all prospective clients to undergo a thorough physical evaluation by a PCP prior to receiving services.

We have included a list of tests with this form that are recommended as part of that evaluation. Your professional determination of the patient's medical stability is essential in order for us to make the appropriate level of care recommendation.

Please read and complete the release form on the back of this page in entirety and fax it, any growth charts and all lab/ EKG results to Prosperity Eating Disorders at (703)-649-3557

If you have additional questions, or concerns, please feel free to reach out to us directly. For the Herndon location: BrendaL@prosperityedwell.com For the Charlottesville location: JennieJ@prosperityedwell.com

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Required Medical Tests

**Please note: tests must be performed within 2 weeks of the patient's start date into one of our programs.

- Complete Blood Count with Differential (CBC)
- Urinalysis
- Complete Metabolic Profile: Sodium, Chloride, Potassium, Glucose, Blood Urea, Nitrogen, Creatinine, Total Protein, Albumin, Globulin, Calcium, Carbon Dioxide, AST, Alkaline Phosphatase, Total Bilirubin,
- Serum Magnesium
- Thyroid Screen (T3, T4, TSH)
- Electrocardiogram
- Phosphorous

Special Circumstances

For the below circumstances the recommended

15% or more below ideal body weight (IBW)

- Chest X-Ray
- Complement 3 (C3)
- 24 Creatinine Clearance
- Uric Acid

20% or more below IBW or any neurological signs

- Brain Scan

20% or more below IBW or Mitral Valve Prolapse

- Echocardiogram

30% or more below IBW

- Skin testing for immune function

Weight loss 15% or more below IBW lasting 6+ months at any time during the course of the eating disorder

- Dual Energy X-ray Absorptiometry (DEXA) to assess bone mineral density
- Estradiol level (or testosterone in males)

For a more comprehensive guide on eating disorder treatment, please refer to the Academy for Eating Disorders (AED); Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals With Eating Disorders

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I certify that (patient name) _____ **is in good medical standing** to participate in an outpatient eating disorder program, up to 5 days a week for 7 hours a day, and **does not** require further medical treatment that would preclude participation (tube feeding, rehydration, IVs to balance electrolytes, etc)

OR

_____ **is not medically appropriate** to participate in an outpatient eating disorder program due to the following concerns:_____

_____

_____

Due to these concerns, my recommendation is for:

Inpatient/ Hospitalization_____ **Residential Treatment**_____

Date of most recent office visit:_____

Growth Chart: Please fax.

Date of most recent labs: _____

Normal_____ Abnormal_____

If abnormal, please specify:_____

_____

If abnormal, how is it being treated? _____

_____

Date of most recent EKG: _____

Results:_____

Results of most recent vital signs:

- Height_____ Weight_____ (**blind from patient)**
- BMI/IBW_____ Blood pressure_____
- Heart rate_____ Oxygen Saturation_____

Any restrictions/suggestions? _____

_____

I am available to consult with if needed at (phone number)_____

Provider Name (please print)_____

Facility Name and address (please print) _____

_____

Provider Signature_____**Today's Date**_____