

Indicator Form

Name:		CHI N°:	
-------	--	---------	--

Height:		Weight:		BMI:	
BP:		Pulse:		Temp:	

1. Are you referring this person because they are an in-patient? Yes No
 If an in-patient, is the person maintaining their weight? Yes No
2. How much weight has the person lost over the past three months?
3. On average how much weight does the person lose in a week?
4. If female, is she amenorrhoeic? Yes No
5. Are the blood results available? Yes No

Please give details below of any abnormalities found in the blood results FBC, U&E, LFT, Glucose, Ca, Mg, and Phosphate.

6. Briefly describe what the person eats on an average day?

Exercise: (Please Circle the Appropriate Choice)

7. How often does the person exercise? Once per week 2-3 Times per week Once per day > Once per day
8. How long does the person exercise? < 30 minutes 30 minutes 1 hour 1½ hours > 2 hours
9. Is the activity at an appropriate level for this person's weight? Yes No

Binge Pattern:

10. Does the person eat an excessive amount over a short period of time? If yes please complete below Yes No
 Approximately how often does the person binge? Once per week 2-3 per week Once per day > Once per day
Please circle as appropriate

Purge Pattern:

11. Does the person vomit or regurgitate food? If yes please complete below, Yes No
 Approximately how often does the person purge? Once per week 2-3 per week Once per day > Once per day
Please circle as appropriate

 Does the person use laxatives, diuretics or diet pills to help them lose weight? Once per week 2-3 per week Once per day > Once per day
Please circle as appropriate

Muscle Weakness/Mobility:

12. From your clinical observations can the person rise from a sitting position with ease or is assistance required? Yes No
 Is person's mobility restricted or limited due to muscle weakness? Yes No

13. Using the traffic light indicator tool, is the risk GREEN AMBER RED