

**Your difficulties as you see them**

**Yours feelings regarding coming for help and the possibility of change**

**The positive and negative aspects of your current situation**

**Your current eating pattern**

**Behaviours you use to control your shape or weight**

**Your attitude towards your body shape, weight and weight control**

**Your weight:            Your height:            Your Body Mass Index**

**This means you are    % of average BMI for your age and sex.**

**Behaviours you use to check your body shape or weight**

**Your menstrual status**

**Your physical health and physical investigations required**

**Your mental health**

**Your use of medication and other substances**

**A brief history of your difficulties**

**Your family relationships**

**Your personal history**

**Other relevant information**

**Summary**

## Care plan