

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