



Pediatric and Adolescent Eating Disorder Clinic Patient Intake Questionnaire

Before we see you for an eating disorder consultation, it is important to gather specific information about you, the behaviors and feelings you are experiencing, and specifics about your family history. This information is required for your intake appointment and should be brought with you to your first visit.

Name: _____ Birth date: _____

Mom's name: _____

Dad's name: _____

With whom do you live? _____

Name of school: _____

Grade: _____

Do you know your current weight? _____

Height? _____

What was your highest weight? _____

How long ago? _____

What was your lowest weight? _____

How long ago? _____

When did you become concerned about your weight? _____

What changes have you noticed in your eating habits? _____

Are you a vegetarian? _____

If yes, for how long? _____

If yes, what won't you eat? _____

Is there a family history of eating disorders? _____

If yes, who and what was the diagnosis? _____

Is there a family history of depression, anxiety, substance abuse or other psychiatric illness? _____

If yes, who and what type? _____

Is there anyone in the family who has attempted suicide? _____

Have you been diagnosed with depression, anxiety, obsessive compulsive disorder or other mental health issues? _____

If yes, what type of treatment have you received? _____

Have you ever been physically or sexually abused? _____

If yes, when and how? _____

Are you currently working with a counselor? _____

If yes, who and through which

office or program? _____

Are you currently working with a dietician? _____

If yes, who and through which

office or program? _____

Have you ever been admitted to the hospital or a residential treatment facility for your eating disorder?

If yes, where, when and for how long? _____

Are you currently taking any medications? _____ If yes, please list below.

Is there a family history of obesity, diabetes or heart disease? _____

If yes, in whom and when was it diagnosed? _____

What extra-curricular activities do you participate in?

Describe your exercise routine? _____

Do you vomit after eating? _____ If yes, how many times a day? _____

Have you ever been admitted to the hospital for medical reasons or had previous surgeries? _____

If yes, please list when and for what reason: _____

Describe your family's living arrangements: _____

Have there been any stressors in your home? _____

Are you experiencing any stressors at school, work, with peers, or in a relationship? _____

How well do you do in school? Has there been any recent change in your level of academic performance? _____

Do you eat out at restaurants or in the cafeteria? _____

What are your family's attitudes regarding weight? Has anyone in your family struggled with their weight? _____

How do the adult members of your family maintain a healthy weight? _____

Is there pressure to diet in your family? _____

Are there any family members currently on a diet? _____

Please describe a typical day, in detail, of what and how you eat and drinks:

Meal	Quantity and type of food or drink	Behaviors during meals and where you eat it
Breakfast		
Snack		

Lunch		
Snack		
Dinner		
Snack		