



Dear Treatment Professional,

Thank you very much for providing the necessary medical evaluation so that your patient can pursue care within our programs for the treatment of eating disorders.

We hope you will communicate to us any concerns you may have regarding this client. Additionally, we are interested in creating an open door of communication, and hope we can be of help to you when your patient returns to your community and care. We are available to you now and at any time in the future should you have questions or concerns about the treatment of eating disorders.

Because the treatment of eating disorders relies on a treatment team approach, we will be contacting you on a weekly basis throughout your patient's stay. We will work with you on the coordination of care and to develop aftercare plans. Upon completion of treatment, we will provide you with a comprehensive discharge summary.

Please complete this Medical Clearance in order for your client to admit to our eating disorder treatment facility. Below offers brief descriptions of the different eating disorder diagnosis:

- ❖ **Anorexia Nervosa:** Restriction of intake leading to low body weight. Intense fear of weight gain or becoming overweight and a disturbance in the way one's body shape is perceived.
 - Restricting Type:** Restricts intake
 - Binge/Purge Type:** Also experiences episodes of binge eating and/or purging

- ❖ **Bulimia Nervosa:** Excessive consumption of food in a discrete period of time. Repeated episodes of purging/compensatory behaviors occurring at least once a week for 3 months. Extreme concern with body, weight and shape.

- ❖ **Binge Eating Disorder:** Recurring episode of overeating with marked feelings of lack of control occurring at least once a week for three months.

- ❖ **Other Specified Feeding and Eating Disorder:** All criteria for Anorexia Nervosa are met except low weight; all criteria for Bulimia Nervosa are met except that binge eating and compensatory behaviors occur less than once a week for three months; all criteria are met for Binge Eating Disorder except that binge eating occurs less than once per week for less than three months.