

I'M WORRIED THAT I HAVE AN EATING DISORDER

A Guide to Discussing Your Concerns with Your Primary Care Provider

When you're worried that you have an eating disorder, figuring out how to get help can be very overwhelming. Primary care providers (family doctors and nurse practitioners) play an important role in addressing eating disorder concerns, which can span diagnosing, referring to specialized eating disorder programs, and providing regular medical supervision. It's recommended that you arrange to be assessed by your primary care provider as one of the first steps in getting help.

You may find this discussion guide useful to have on hand when you visit your primary care provider.

DESCRIBING YOUR CONCERNS

Describing changes in your body, behaviours, and functioning will help your primary care provider understand why you're worried that you're experiencing an eating disorder.

Physical issues (check any that apply):

- | | |
|---|--|
| <input type="checkbox"/> Abnormal weight loss or gain | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Fluid retention | <input type="checkbox"/> Frequent stomach aches |
| <input type="checkbox"/> Feeling cold constantly | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Loss of regular menstrual periods |

Others:

Behaviours (check any that apply):

- | | |
|--|--|
| <input type="checkbox"/> Restricting more foods from your diet | <input type="checkbox"/> Making yourself vomit after eating |
| <input type="checkbox"/> Skipping meals | <input type="checkbox"/> Eating in secret |
| <input type="checkbox"/> Avoiding eating with others | <input type="checkbox"/> Eating in a way that feels out of control |
| <input type="checkbox"/> Following strict food rules | <input type="checkbox"/> Following a strict exercise regimen |
| <input type="checkbox"/> Using diet pills or laxatives | <input type="checkbox"/> Exercising for prolonged periods of time |
| <input type="checkbox"/> Hiding food | <input type="checkbox"/> Exercising even when you are tired or injured |
| <input type="checkbox"/> Checking your body shape or size frequently | <input type="checkbox"/> Withdrawing from social activities |
| <input type="checkbox"/> Weighing yourself frequently | <input type="checkbox"/> Sleeping too much or too little |
| <input type="checkbox"/> Spending undue amounts of time on tasks to ensure they are done perfectly | |

Others:

Mood changes (check any that apply):

- Increased anxiousness
- Increased listlessness

- Increased irritability
- Frequent mood swings

Others:

QUESTIONS TO ASK

You may find it helpful to write in advance the questions you want to ask your primary care provider so you don't forget to bring them up during your visit. You can also use this space to take notes during your visit.

NEXT STEPS

You may find it helpful to record the options for next steps that you have discussed with your primary care provider.

Lab tests to be completed:

Referrals provided:

Follow-up appointment date:
