

DEMOGRAPHIC INFORMATION

Provider Name _____ Provider Title _____
 Email _____ Phone _____ Fax _____

CURRENT DIAGNOSIS

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorder NOS
- Binge Eating Disorder
- Obsessive Compulsive Disorder
- Depression
- Anxiety
- Other _____

Current symptoms of concern:		
If applicable, current recommended weight range: _____ Current Weight: _____ Duration of time at weight: _____		
Date began seeing client:		
Frequency of sessions:		
Attendance History:		
Progress made in current treatment?		
Current treatment goals:		
Current support network: (family, friends, spiritual) Any concerns?		
If applicable, reason for current discharge from treatment:		
If applicable, potential treatment discharge date or insurance review date:		
Has this individual refused or not followed through with any treatment recommendations? If Yes, please elaborate:	YES	NO
Has this individual struggled with medication compliance? If Yes, please elaborate:	YES	NO
Has this individual struggled with substance abuse?	YES	NO
Has this individual received treatment for substance abuse?	YES	NO
Are there current concerns with suicidal ideation, attempts or harm to self or others? If Yes, please elaborate:	YES	NO
Any concerns regarding independent living:		
Please circle the areas that coaching could benefit this individual:	Maintaining ADL's Maintaining Healthy Living Environment Menu Planning Meal Preparation/Cooking Creating Balance Interpersonal skills Implementing Coping skills into daily living Other: _____	Grocery Shopping Budgeting Scheduling and/or Time management Development of hobbies/interests Community Involvement Structure and/or Flexibility Body Image
If applicable, what would be the desired admission date:		

Treatment Provider Signature _____ Date _____

Please attach any other treatment history information (i.e. current IMP) that could assist Walden Living with developing a supportive, individualized coaching plan. Please fax documents to 262-244-1434. Should you have any questions or concerns, please call 262-443-7192.

Thank you for your support!