

Eating Disorder Parent Questionnaire-New Patients/Families

Before we can see your child for an eating disorder consultation, we need you to answer the following questions about your child and family.

Child's Name _____ **Birth date** _____

Name of School _____ **Grade** _____

Do you know your child's current weight? _____ Height? _____

What was your child's highest weight? _____ How long ago? _____

What was your child's lowest weight? _____ How long ago? _____

When did you become concerned about your child's weight? _____

What changes have you noticed in your child's eating habits? _____

Is your child a vegetarian? _____ If yes, what won't he/she eat? _____

Is there a family history of eating disorders? _____ If yes, who and what problem? _____

Is there a family history of depression, anxiety, substance abuse or other psychiatric illness? _____ If yes, who and what type? _____

Has your child been diagnosed with depression, anxiety obsessive compulsive disorder or other psychiatric illness? _____ If yes, what type of treatment did they receive? _____

Has your child ever been physically or sexually abused? _____ If yes, when and how? _____

Is your child currently working with a counselor? _____ If yes, who and through which office or program? _____

Is your child currently working with a dietician? _____ If yes, who and through which office or program? _____

Has your child ever been admitted to the hospital or a residential treatment facility for their eating disorder? _____ If yes, where, when and for how long? _____

Is your child currently taking any medications? _____ If yes, please list. _____

Is there a family history of obesity, diabetes or heart disease? _____ If yes, in whom and when was it diagnosed? _____

What extra-curricular activities does your child participate in? _____

How does your child exercise? _____

Are you concerned that your child is vomiting after they eat? _____ If yes, why? _____

Has your child ever been admitted to the hospital 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? _____

Is your child experiencing any stressors at school or with peers? _____

How does your child do in school? Has there been any change in his/her level of academic performance? _____

Does your child bring their lunch to school or do they eat hot lunch from 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 any family members currently on a diet? _____

Please describe a typical day, in detail, of what and how your child eats and drinks.

Meal	Quantity and type of food	Behaviors during meal and where they eat it
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		