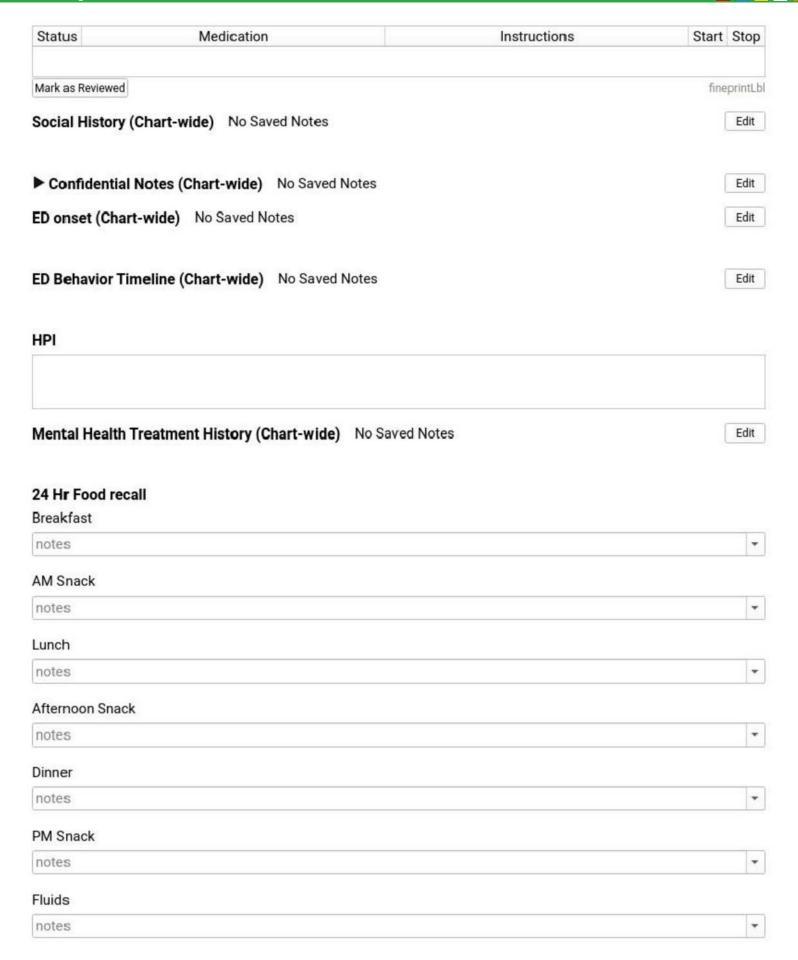


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Eating Disorder Behaviors

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Ma	ake A	All: Y	/es No N/A	
Yes	No	N/A		
0	0	0	Avoiding high calorie foods	
			notes	•
0	0	0	Weighing self	
			notes	
0	0	0	Skipping meals/snacks	
			notes	•
0	0	0	Body checking	
			notes	
0	0	0	Counting calories	
			notes	•
0	0	0	Measuring portions	
			notes	-
0	0	0	Fear of weight gain	
			notes	*
0	0	0	Wants to loose weight	
			notes	•
Yes		N/A		
0	0	0	Self-induced vomiting	
			notes	•
0	0	0	Chew and spit	
			notes	•
0	0	0	Use of pills for weight loss - diet pills, diuretics, laxatives, etc	
			notes	•
0	0	0	Excessive water intake to suppress appetite	
			notes	•
0	0	\circ	Exercise for weight loss	
			notes	•
0	0	0	Bingeing	
			notes	•
0	0	0	Hiding food	

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0	0	0	Sleep - hard to stay asleep	
			notes	-
0	0	0	Cardiac - lightheaded	
			notes	-
0	0	0	Cardiac - palpitations	
			notes	•
Yes	No	N/A		
0	0	0	Cardiac - swelling in ankles	
			notes	*
0	0	0	Respiratory - shortness of breath, dyspnea	
			notes	-
0	0	0	Endo - cold often	
			notes	-
0	0	0	Endo - amenorrhea, irregular cycles	
			notes	-
0	0	0	Endo - hot flashes	
			notes	-
0	0	0	GI - abdominal pain with anxiety	
			notes	•
0	0	0	GI - abdominal pain with food	
			notes	-
0	0	0	GI - acid reflux	
			notes	-
Yes	No	N/A		
0	0	0	GI - Constipation	
			notes	*
0	0	0	GI - Diarrhea	
			notes	-
0	0	0	MSK - weakness, unable to exercise/exert self	
			notes	•
0	0	0	Neuro - "brain fog", cognitive slowing, grades slipping	
			notes	-

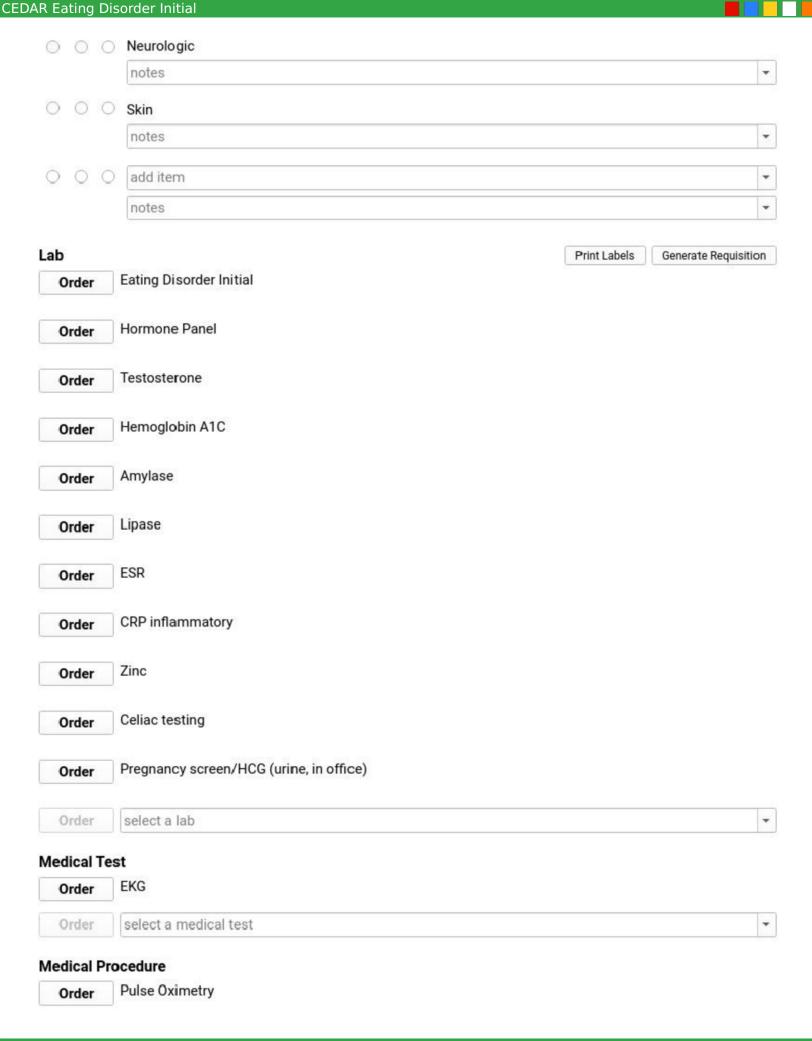
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ABN NL N/E

O Musculoskeletal

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*



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adiology			Generate Requisition
Order select a radiology			
iagnoses			
Atypical anorexia nervosa			
		✓ In	clude on Patient Report
notes			,
Add to Problem List Onset: mm/dd/y	y Problem Note:	problem note	
Anorexia nervosa, restricting type			
Refine the diagnosis of Anorexia nervosa, restric	cting type		,
		✓ In	clude on Patient Report
notes			
Add to Problem List Onset: mm/dd/y	y Problem Note:	problem note	,
Anorexia nervosa, binge-eating purging type			
Refine the diagnosis of Anorexia nervosa, binge	eating purging type	Ti le	aluda an Dationt Danast
		▼ In	clude on Patient Reports
notes	24500 36500 36500		
Add to Problem List Onset: mm/dd/y	y Problem Note:	problem note	
Anorexia nervosa co-occurrent with dangerously	low body weight		
		✓ In	clude on Patient Reports
notes			
Add to Problem List Onset: mm/dd/y	y Problem Note:	problem note	
Bulimia nervosa			
Refine the diagnosis of Bulimia nervosa		.Z In	clude on Patient Reports
feures		V 111	
notes			
Add to Problem List Onset: mm/dd/y	y Problem Note:	problem note	
Bulimia nervosa, purging type			
Refine the diagnosis of Bulimia nervosa, purging	g type		
		√ In	clude on Patient Report
notes			,
	1000 1000 10000	problem note	

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Refine the diagnosis of Abn	ormal weight loss			•
				✓ Include on Patient Reports
notes				,
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
			C	
Nutritional deficiency state	TOTAL MENTAL OF THE ASSESSMENT			
Refine the diagnosis of Nuti	ritional deficiency state			
				✓ Include on Patient Report
notes				•
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
Malnutrition (calorie)				
Refine the diagnosis of Mal	nutrition (calorie)			
8				✓ Include on Patient Reports
notes				
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
notes				,
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
Aversion to food or drink				
Refine the diagnosis of Ave	rsion to food or drink			,
				✓ Include on Patient Reports
notes				,
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
Gastroesophageal reflux dis				
Refine the diagnosis of Gas	troesophageal reflux dis	sease		
				✓ Include on Patient Reports
notes				•
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
Constipation	707 19			
Refine the diagnosis of Con	stipation			
				✓ Include on Patient Reports
notes				•
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	

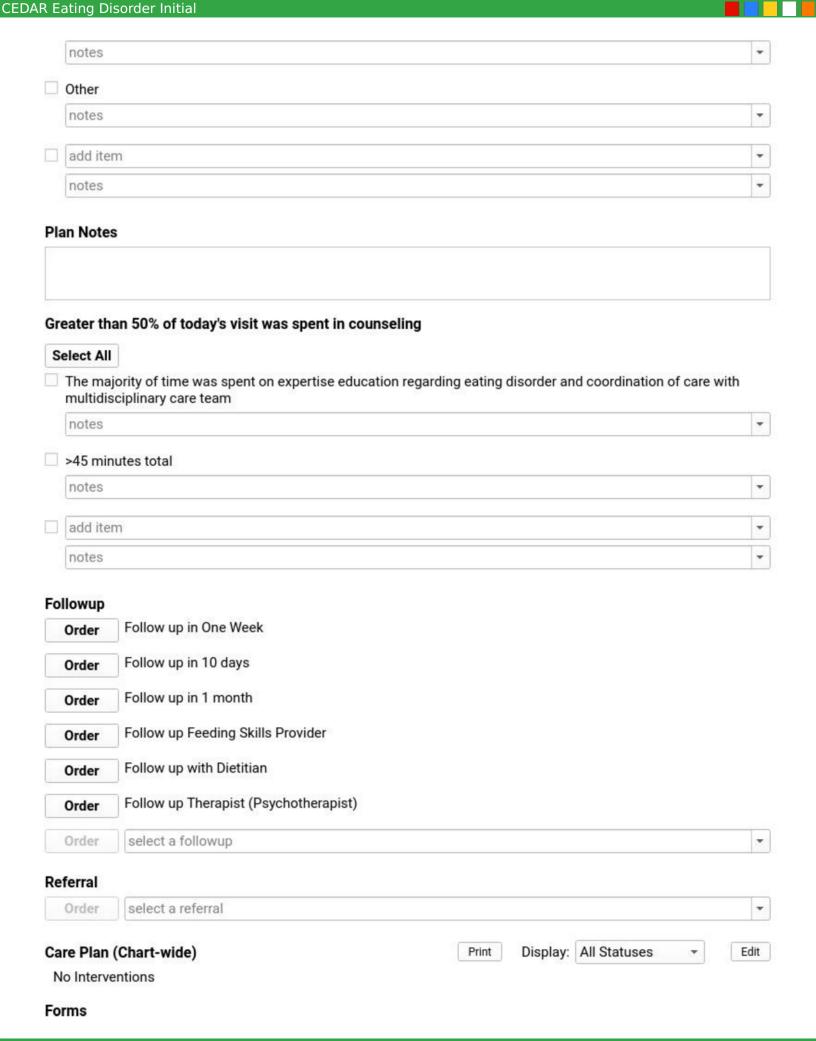
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Gastroparesis syndrome	
Refine the diagnosis of Gastroparesis syndrome	*
	✓ Include on Patient Reports
notes	
Add to Problem List Onset: mm/dd/yy Problem Note: problem	n note
select diagnosis	*
notes	•
Assessment	
Education Provided	
Select All	
Diagnosis provided and discussed malnutrition	
notes	•
Risk of refeeding syndrome with increases in meal plan following malnutrition	n .
notes	-
Discussed abnormal vital signs and how malnutrition contributed	
notes	-
Begin daily multivitamin	
notes	*
Remove all scales from the home	
notes	•
Avoid caffeine	,
notes	▼
add item	-
notes	·
in the same of the	
Eating Disorder Plan	
Select All	
Meal plan per RD - 3 meals and 2-3 snacks	
notes	*
Cardiology	

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note	es s	7
	red initial labs to evaluate severity and/or complications of nutritional deficiency secondary to the eating	
note		,
	nins/Minerals - MVI, Calcium, Vit D, Zinc, Fish Oil	
note	es .	*
Gene	eral - Recommend blind weights only. Can provide form for other visits where weight is obtained.	
note	es es	
Medi	ication Management	
note	es .	-
Exerc	cise - Restricted due to medical concerns.	
note	es ·	-
	cise - minimal exertion. Allow 20 minutes of walking or light activity 3 days per week max.	
Exerc	in the exercise funds to influence of making of light doubtly o days per meet max.	100
10000	es s	*
note		•
note	cise - no restrictions	•
note:	cise - no restrictions s onstipation is a common complication of both malnutrition and introduction of feeds. Recommend Miral	
note:	cise - no restrictions s onstipation is a common complication of both malnutrition and introduction of feeds. Recommend Miral ncreased water/fluid intake. Education provided.	ax
note: Exercinote: GI- Co and in	cise - no restrictions s onstipation is a common complication of both malnutrition and introduction of feeds. Recommend Miral ncreased water/fluid intake. Education provided.	ax
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note: GI- Coand in note: GI- R note: Mens Mens	cise - no restrictions constipation is a common complication of both malnutrition and introduction of feeds. Recommend Miral increased water/fluid intake. Education provided. Reflux reported and recommend TUMS PRN with reassessment at next visit Delayed gastric emptying discussed and education provided on malnutrition being the cause. Will improvise the nutrition. Sees - ordered hormone levels due to severity of malnutrition sees - Primary amenorrhea likely due to a combination of age and energy deficit secondary to the eating	ax e with
note: GI- Coand in note: GI- R note: GI- D consi: note: Mens disord	cise - no restrictions s constipation is a common complication of both malnutrition and introduction of feeds. Recommend Miral noreased water/fluid intake. Education provided. Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next visit Reflux reported and recommend TUMS PRN with reassessment at next vi	ax e with
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select a form

Visit Documents

Navigational Anchors in CEDAR Eating Disorder Initial

- 1. Vitals
- 2. Growth Charts
- 3. HPI
- 4. Past, Social, Family History
- 5. Medication History
- 6. Confidential Notes
- 7. Physical Exam
- 8. Lab
- 9. Diagnoses
- 10. Plan Notes
- 11. Prescriptions
- 12. Forms



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