SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Health Record #: ____________ Complete or place barcoded patient label here
Patient Name: (Print first, last) ____________
DOB: mm / dd / yy Age: ______ ▯ Female ▯ Male
OHIP #: ____________ Version Code: ____________
Account #: ____________ Date of Admission: mm / dd / yy

Medical Monitoring Form

Child & Adolescent Mental Health Eating Disorder Program

NOTE TO PHYSICIANS:
In order to assist us to provide the highest quality of care, please make copies of this form for use in your ongoing follow up of our shared client. Please fax a copy of this form to the Eating Disorder Program at Southlake Regional Health Centre after each medical appointment. Our fax number is (905) 830-5970.

Medical Goals of Treatment for Adolescents
Absence of symptoms (restriction, excessive exercise, bingeing, purging, laxative abuse)
Normalization of Eating Patterns
Attaining and maintain target weights that will promote growth and development (BMI=20 or more)
Resumption/Maintenance of menses (if applicable)

We recommend weighing in similar clothes at each appointment *and not disclosing exact information about weight.*

Client Name: *(print first, last)*	**Age:**	**Date of Visit:** dd / mm / yy
Height (q 4 months): cm	**Weight:** kg	**BMI:**
BP supine:	**BP standing:**	**LMP:**
HR supine:	**HR standing:**	

Other Recommended Investigations: Please fax copies of results when any of the following is ordered:

Every 2 weeks or prn	**Once per month or prn:**	**Once per year**
(e.g. with purging, laxative abuse, or BMI less than 18) Electrolytes Blood Glucose Renal Function Amylase (if purging)	*(e.g. previous bradycardia (HR less than 60), purging and/or laxative abuse)* **As needed:** *(e.g. with purging, laxative abuse, BMI less than 18)* Calcium Magnesium Phosphate Albumin	*(especially with hx amenorrhea)* Bone Density **Every 6 months** LH *(if amenorrheic)* FSH *(if amenorrheic)* Ferritin-*(if vegetarian or BMI less than 18)* sTSH

Indications for Hospitalization (APA,2006, Society for Adolescent Medicine 2003)
Weight loss (e.g. less than 75% IBW, or greater than 15% weight loss in 1 month)
Physiologic instability present or imminent (e.g. resting HR less than 50 bpm, orthostatic hypotension (increase in pulse greater than 35 bpm, and/or, drop in BP greater than 10-20 mmHg from supine to standing), BP less than 80/50, Temperature less than 36°C, BG less than 3.0 mmol/L, electrolyte disturbance (Potassium less than 2.5 mmol/L, Chloride less than 88 mmol/L), arrested growth and development as per growth chart. Lack of improvement or worsening symptoms despite outpatient treatment.

Physician Name: *(print first, last)*	
Signature:	**Date:** dd / mm / yy

S-MEDMF

SL0323_08 (12/22) “Child & Adolescent Mental Health” Review (12/25)