

Interim PCP Appointment for Patients with Eating Disorders

We have requested that the patient below call for an appointment with their PCP for an evaluation including **orthostatic vital signs and a blind weight**.

Due Date: _____

Patient Name: _____ DOB: _____

PCP Name: _____ Clinic Name: _____

PCP Phone: _____ PCP Fax: _____

Comments:

This is the process we use for getting a blind weight and orthostatic vital signs in our clinic, in order to provide consistency between our offices.

Orthostatic vital signs.

1. Have patient lie down for 5 minutes, then get BP and HR
2. Have patient stand for 3 minutes, then get BP and HR

Blind Weight

1. Ask patient to use the bathroom/empty bladder
2. Request that patient change into a gown (underwear and socks are OK under the gown. No shoes or clothing please)
3. Have patient stand on the scale backwards so they do not see their weight
4. Do not tell the patient what their weight is.

Results: _____ **Date:** _____

Supine: BP _____ HR _____

Standing: BP _____ HR _____

Weight: _____ Kg

****For HR less than 50 or symptomatic orthostatic changes please call 206-987-2000 to page the Adolescent Medicine provider, or advise patient to be evaluated in the Emergency Department.****

Please fax completed form to the Adolescent Medicine clinic at 206-987-3959

Attn.: _____ Adolescent Medicine Provider

Thank you to your staff for providing sensitive care for our mutual patients. Please call the Adolescent clinic with any questions at 206-987-2028, Option 4.

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