

I'M WORRIED THAT MY CHILD HAS AN EATING DISORDER

A Guide to Discussing Your Concerns with Their Primary Care Provider

When you're worried that your child has an eating disorder, figuring out how to get help for them can be very overwhelming. Primary care providers (family doctors, pediatricians, and nurse practitioners) play an important role in addressing eating disorder concerns, which can span diagnosing, referring to specialized eating disorder programs, and providing regular medical supervision. It's recommended that you arrange for your child to be assessed by their primary care provider as one of the first steps in getting help. As it's often difficult for people with an eating disorder to admit to or be open about their difficulties, consider speaking with your child's primary care provider privately before they see your child.

You may find this discussion guide useful to have on hand when you visit their primary care provider.

DESCRIBING YOUR CONCERNS

Describing changes in your child will help their primary care provider understand why you're worried that they are experiencing an eating disorder.

Physical issues that have come to your attention (check any that apply):

- | | |
|---|--|
| <input type="checkbox"/> Abnormal weight loss or gain | <input type="checkbox"/> Puffiness in their jaw area |
| <input type="checkbox"/> Growth in height without any weight gain | <input type="checkbox"/> Frequent stomach aches |
| <input type="checkbox"/> Feeling cold constantly | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Loss of regular menstrual periods |

Others:

Behaviours that have come to your attention (check any that apply):

- | | |
|--|---|
| <input type="checkbox"/> Restricting more foods from their diet | <input type="checkbox"/> Frequent visits to the washroom after eating |
| <input type="checkbox"/> Eating smaller portions at meal times | <input type="checkbox"/> Eating in secret |
| <input type="checkbox"/> Avoiding eating with others | <input type="checkbox"/> Frequent overeating |
| <input type="checkbox"/> Following strict food rules | <input type="checkbox"/> Following a strict exercise regimen |
| <input type="checkbox"/> Eating large quantities of diet foods | <input type="checkbox"/> Exercising for prolonged periods of time |
| <input type="checkbox"/> Hiding food | <input type="checkbox"/> Fidgeting or pacing excessively |
| <input type="checkbox"/> Using diet pills or laxatives | <input type="checkbox"/> Withdrawing from social activities |
| <input type="checkbox"/> Talking negatively about their weight, shape, or size | <input type="checkbox"/> Sleeping too much or too little |
| <input type="checkbox"/> Spending undue amounts of time on tasks to ensure they are done perfectly | |

Others:

Developed in collaboration between



Mood changes that have come to your attention (check any that apply):

- Increased anxiousness
- Increased listlessness

- Increased irritability
- Frequent mood swings

Others:

QUESTIONS TO ASK

You may find it helpful to write in advance the questions to you want to ask your child's primary care provider so you don't forget to bring them up during your visit. You can also use this space to take notes during your visit.

NEXT STEPS

You may find it helpful to record the options for next steps that you have discussed with your child's primary care provider.

Lab tests to be completed:

Referrals provided:

Follow-up appointment date:
