



Living in Grace
Foundation
Thriving, not just surviving.

GET TO
KNOW ME,
NOT MY ED

ABOUT ME

Thanks for filling this out so we can get to know you better.

PERSONAL INFORMATION

FIRST NAME :

LAST NAME :

DATE OF BIRTH :

GENDER :

MALE FEMALE NB

PLEASE CALL ME (NAME) :

CELL NUMBER :

Readiness for Change:

- **Where I am in my journey:** pre-contemplation, contemplation, preparation, action, maintenance, relapse.
- **My insight into illness/eating disorder (0-10), 10=HIGH** _____
- **My motivation to work towards recovery (0-10) 10= HIGH**_____

Diagnosis:



- Date of Diagnosis:
- Anorexia
- Bulimia
- Binge Eating Disorder
- No official diagnosis
- ARFID _____
- Orthorexia
- OSFED _____

Bingeing / Purging Behaviours:

- Vomiting, if YES, specify frequency _____
- Laxative use, if YES, specify amt. and frequency _____
- Use of diet pills or stimulants, if YES, explain _____
- Fasting:
- Binging, if YES, specify (frequency/cycle) _____

Eating Disorder Behaviours:

- Currently, I do not feel safe sharing the specifics of my behaviours with you
- Changes in eating, if YES, _____
- Hunger suppression: caffeine, smoking, drugs, excessive water intake
- Hiding food, throwing food away etc.

Food Behaviours: (use back of sheet if necessary)

GET TO KNOW ME



MEDICAL INFORMATION

Choose and tick one of those that describe you

Cardiovascular

- Dizziness
- Blackouts
- Chest Pains
- Heart Palpitations
- Dizzy when getting up
- Hands and Feet swelling
- _____

Sleep Patterns

- Insomnia
- Difficulty falling asleep
- Difficulty staying asleep
- Nightmares
- Sleepwalking
- Sleep Apnea
- _____

Gynecological

- I do/don't have regular periods
- Regular/Irregular
- My cycles are ____ days
- My periods are painful Y/N
- My bleeding is_____
- _____
- _____

Mental Health

- Anxiety
- Depression
- _____
- Bipolar
- PTSD
- BPD
- Other:
- _____

GET TO KNOW ME



CHECKLISTS

Choose and tick one of those that describe you

Gastrointestinal

- Heartburn _____
- Nausea _____
- Diarrhea _____
- Constipation _____
- Abdominal Pain _____
- Vomiting with/without blood _____
- _____

Hair

- Hair Loss _____
- Lanugo (fine hair on skin) _____
- Dry Skin _____
- Brittle Nails _____
- Rashes _____
- Other: _____
- _____

Neurological

- Headaches _____
- Blackouts _____
- Numbness/tingling _____
- Seizures _____
- Fainting _____
- Other: _____
- _____

Muscular/Skeletal

- Cramping _____
- Joint Pain _____
- Muscle Weakness _____
- Other: _____
- _____
- _____

GET TO KNOW ME



PERSONAL HEALTH HISTORY

MEDICATIONS / VITAMINS

FOOD ALLERGIES / GLUTEN FREE ETC?

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GET TO KNOW ME



When did your disorder start, & what triggered it?

Self Harm / Suicide Thoughts/Attempts (specify)

In my care and recovery, it is important to:

I am motivated by:

GET TO KNOW ME



3 things I would like you to know about me

My triggers are:

How you can support me better:

GET TO KNOW ME



STRESS MANAGEMENT

On a scale 1 to 10 rate your current level of stress.



List five things you currently face that make you feel anxious.

1

2

3

4

5

Describe how you handle your stress.

Do you take any pills or medicine when you feel stress?

Who are the people you can talk to about your stress?

What helps bring down your stress level?

What physical symptoms do you feel when you stress?

What is your healthiest ways to handle stress?

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ABOUT YOU

FOODS I DISLIKE

FAVOURITE FOODS

Do you have any pets? Favourite TV show, movie?

What things are important to you?

GET TO KNOW ME



GOAL SETTING

What things do you want to achieve at this moment?

Describe three ways you can start to work towards it.

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What things would you like your team to DO?

What things would you like your team to NOT DO?

GET TO KNOW ME



OTHER QUESTIONS

Choose and tick one of those that describe you

- | | |
|---|--|
| <input type="checkbox"/> Anxious about Recovery | <input type="checkbox"/> Here Because I Have to Be |
| <input type="checkbox"/> Don't Want Recovery | <input type="checkbox"/> Want Recovery |
| <input type="checkbox"/> Excited but Scared | <input type="checkbox"/> Will Do Anything for Recovery |

Draw 2 things that mean something to you. Can be anything.

A large, empty rectangular box with a light gray background, intended for drawing a thing that is meaningful to the user.A second large, empty rectangular box with a light gray background, intended for drawing another meaningful thing.

What are 4 things that you want from your recovery or this hospitalization? ie. become medically stable, gain weight etc.

1	
2	
3	
4	
5	

GET TO KNOW ME



CHECKLISTS

Tell us how we can best help you or what would make your journey easier? ie. I would like art supplies, a certain stuffed animal etc.



MEDICAL APPOINTMENTS



DATE:

DOCTOR NAME:

QUESTIONS TO THE DOCTOR

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APPOINTMENTS:

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TO DO:

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TO DO!

MEDICAL APPOINTMENTS



DATE:

DOCTOR NAME:

QUESTIONS TO THE DOCTOR

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APPOINTMENTS:

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TO DO:

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To Do!

MEDICAL APPOINTMENTS



DATE:

DOCTOR NAME:

QUESTIONS TO THE DOCTOR

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APPOINTMENTS:

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TO DO:

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To DO!



NOTES



TOPIC: _____

NAME: _____

DATE: _____

TOPIC

NOTES

Blank area for writing the topic.

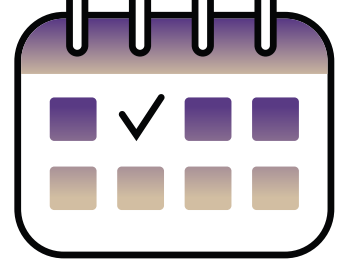
Grid of dots for writing notes.

CONCLUSION

Horizontal lines for writing the conclusion.



MEDICAL APPOINTMENT



DATE DESCRIPTION DOCTOR NOTES

DATE	DESCRIPTION	DOCTOR	NOTES

APPOINTMENT NOTES