SEES initial consult checklist (Form 1)

This checklist is only recommended for use with the full SEES guideline available at www.safeexerciseateverystage.com. This checklist is not intended to replace clinical judgment and should only be used within a clinician's scope of practice.

Date:	
Client Name:	

	Anorexia Nervosa (AN)
	Bulimia Nervosa (BN)
	Binge Eating Disorder (BED)
	Avoidant/Restrictive Food Intake Disorder (ARFID)
	Other Specified Feeding or Eating Disorder (OSFED)
	Unspecified Specified Feeding or Eating Disorder (USFED)

PART 1

1. Risk assessment:

The colour corresponds to the level of risk associated with exercise engagement as per the SEES risk assessment, pp.28. Where red = highest risk associated with exercise (SEES Level A) and green = lowest risk (SEES Level D). Grey = overarching criteria.

Cardiac markers
***meets hospitalisation criteria as per the RANZCP guideline.**

	Heart rate <44bpm* or >120bpm*		Postural tachycardia >20bpm*
	Orthostatic hypotension >20mmHg systole (independent of symptoms)*		Systolic blood pressure <90mmHg*
	Prolonged QT/c interval >450s*		Arrhythmias*

Biochemical markers:

	Hypokalemia (low potassium) <3.0mmol/L*		Hypophosphatemia (low phosphate) <0.8mmol/L*
	Hypomagnesemia (low magnesium) <1.0mmol/L*		Hypercarbia (low bicarbonate) >32mmol/L*
	Hyponatremia (low sodium) <130mmol/L*		Hypoglycaemia (low blood glucose) <4mmol/L*

Other markers:

	Temperature <35°C*		Higher scores on the CET indicating greater dysfunction
	Positive weight gain trajectory in line with treatment goals		Weight stabilisation/mobilisation in line with treatment goals

Recommended to assess BMD if:

	(i) underweight for > 6mths		(ii) amenorrhea for > 6mths
	(iii) low testosterone in males		(iv) history of stress or fragility fracture
	Weight stabilisation or gain if still required		Level A markers related to ED are completely normalised as per medical recommendation
	Managing ED behaviours (e.g. self-induced vomiting, restriction/ bingeing, fear fat, & laxative use)		Normalised sex hormones without exogenous replacement (return to menses & normalized oestrogen for females; testosterone for males)
	Weight progression >90% of EBW (considering individual weight history)		

	Adhering to treatment		Increasing nutritional consumption		Exhibiting improvements in health status (i.e., no symptom regression)

2. Criteria for dysfunctional exercise:

	Exercise is driven by obsessive thoughts or rigid rules related to exercise
	Exercise engagement aims to prevent a feared consequence (e.g., weight/shape change) or manage distress
	Duration of exercise is time-consuming (> 1hr/day) or individual engages in frequent obsessive thinking/rumination about exercise (when not exercising)
	Exercise engagement interferes with daily routine, occupational functioning, or social relationships
	Exercise engagement persists despite medical injury, illness, or lack of enjoyment
	Patient is aware that exercise is excessive or unreasonable (optional)

3. Symptom checklist (circle):

Significant weight loss	Cyanosis (bluish skin colour)	Cold/clammy skin	Gastrointestinal issues
Fatigue	Nausea	Light-headedness	Chest pain when exercising
Vomiting	Leg cramps	Palpitations	Difficulty concentrating
Intoxication from drugs or alcohol	Shortness of breath	Dizziness	Fainting
Pallor (paleness)	Wheezing	Peripheral oedema	Muscle pain/ weakness

4. Compulsive Exercise Test Scores

Session #	Avoidance	Weight control	Mood improvement	Lack of enjoyment	Rigidity

5. Exercise profile

Exercise history:	
Sport participation history:	
Previous exercise preferences:	
Current goals for activity/exercise:	

Adapted from the *Safe Exercise At Every Stage* (SEES) guideline for the treatment and management of dysfunctional exercise with an eating disorder (Dobinson, Cooper and Quesnel, 2019). Other resources and training opportunities are available at www.safeexerciseateverystage.com.

SEES

6. Baseline exercise engagement:	
Frequency (per day or week)	
Intensity (0-100% or METs)	
Time/duration per session	
Type/mode	
Incidental activity	
Hyperactivity	

7. Current food and fluid intake:	
Breakfast	
Morning	
Lunch	
Afternoon	
Dinner	
After-dinner	
Before/after exercise	
Other	

8. Exercise plan:	
SEES Level	**A B C D**
New exercise prescription based on SEES recommendation table corresponding to risk level	Frequency: Intensity: Time: Type: Supervision required: Y / N Session frequency: Weekly Fortnightly (every 2 weeks) Monthly
Nutrition requirements	

9. Intervention strategies		
1. Connect with the body		
Review exercise habits		Psychoeducation
Determine long term exercise goals		Exercise Journal
Create a written contract		Introduce debriefing (before, during, after physical activity)
2. Promoting balance		
Foster awareness of exercise motivations	Teach new coping mechanisms	Introduction to mindful movement through the intuitive movement (IM); create IM checklist (IMC), and demonstrate its use
Expand exercise activities		Develop sense of self
Identify unhealthy exercise beliefs and thoughts		Body awareness tasks
Exercise exposure tasks		Promoting exercise joy
3. Strengthen skills		
Develop exercise autonomy		Introduction to the FITT principle, and demonstrate ways to alter activity
Reintroduce previously dysfunctional types of movement (if desired)		Identify relapse risks and develop relapse prevention plan

10. Psychological exercise formulation:

11. Reassessment schedule	
Date	**Progression / Regression notes**

*Reassessment schedule can continue below (section 12) or on a new form

12. Treatment team members:

13. Additional notes and plans:

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