

SEES-A initial consult checklist (Form 1)

This checklist is only recommended for use with the full SEES-A 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*	EDEA score >2 for more than 2 subscales
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)
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2. Criteria for dysfunctional exercise in athletes:

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
Individual engages in frequent obsessive thinking/rumination about exercise (when not exercising)
Exercise engagement interferes with daily routine, occupational functioning, or social relationships
Patient is aware that exercise is excessive or unreasonable
Patient cannot reduce exercise in non-sporting context, e.g., between major competitions or seasons, during injury and/or illness, or during a prescribed reduction in training load (e.g., a taper), without significant distress/guilt
Exercise engagement in addition to scheduled training to manipulate weight/shape or body composition or for affect regulation

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. Exercise Dependence and Elite Athletes Scale Scores

	Session #	Session #	Session #	Session #	Session #
Unhealthy eating					
Conflict and dissatisfaction					
More training					
Withdrawal					
Emotional difficulties					
Continuance behaviour					
EDEAS total					

4. Exercise history

Historical exercise:	
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Competitive sport history:	
Preference for independent/social activity:	
Goals for activity/exercise	

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

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

7. 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	

8. 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

9. Psychological exercise formulation:

10. Treatment team members:

11. Additional notes and plans:

PART 2
1. Sport Risk Assessment
 The colour corresponds to the level of risk associated with returning to sport per SEES-A. Where light blue = highest risk associated with exercise (SEES-A Stage 1) and navy = lowest risk (SEES-A Stage 4). Grey = overarching criteria.

Physical Markers		
Adequate nutrition for load		>6menses in last 12 months for females
No over training syndrome		Resolution of stress fracture, no new stress fractures
No ECG abnormalities		No new stress fracture
>6menses in 12 months		No recurrent respiratory tract infections

Psychological Markers:		
Regular rest days		Abstinence of ED behaviours
EDAS score stabilization		Maintenance of weight above 95%
Adherence to individualised training plan without deviation		Engaging in valued action outside of sport

Training Related:		
Adapted to training change		Process-oriented decision
Range of activity types		Tolerate unexpected training or nutrition change

Performance Testing:		
Physical		Psychological

Competition:		
Competition without symptom regression		Compliance with pre-pest competition meal, hydration, training
Maintenance of fitness testing		

Adhering to treatment		Increasing nutritional consumption		Exhibiting improvements in health status (i.e., no symptom regression)
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2. Team Staff	
Coach	
Medical Sport Personnel	
Other	

3. Sporting Body Requirements	
Sport:	
Sport Type:	
Sport Level (Collegiate, National, International):	
Competition Season (Preparatory, Competitive, Transition):	

4. Sporting Considerations		
Heightened risk of relapse: Potential need for greater time in each stage	Public competition	External sport motivation (Financial, education, public image)
	Public weigh in	Extreme training demands
	Normalization of injury	Weight-shape related DE motivations (i.e., not seasonal/performance)
	Drive for perfection	Need for weight changes in sport
	Aesthetic sport	High performance pressure
Consider the risk for relapse: Factors indicated for risk consideration	Individual sport	
	Endurance sport	
	Position on team	
	Self-weighing behaviours	
	Sport level	
Facilitators of progression: Sport factors supporting treatment goal	Respiratory tract infections	
	Supportive coach	
	Supportive team environment	
	Sport entourage and health team collaboration	
	Written contract	
	Positive athletic identity	
	Coping skills	

5. Training/Return to Competition Plan				
SEES-A Stage	1	2	3	4
Individual Training	Training Type:			
- Frequency (per day/ week)	Frequency:			
- Intensity (0-100% or METs)	Intensity:			
- Time/Duration per session	Time:			
- Type/Mode	Type:			
	Supervision required: Y / N			
	Session frequency:			
	Weekly	Fortnightly	Monthly	
	Other:			
Upcoming competition				

6. Training/nutrition/hydration/supplementation Needs	
Individual training:	
Team training:	
Competition:	

7. Return to Sport		
Identify and address dysfunctional sporting beliefs		Long and short-term sport goals, wellbeing, relationship
Address concerns about performance and competition demands		Practise body connection & awareness of cues
Address environmental concerns about return to sport		Identify long term sporting goals
Nutrition and training log		Relapse prevention
Develop sense of self & identity outside of sport		Exposure tasks for competition