SEES Form 1: Initial consult checklist

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 Disorders (OSFED)

1. Exercise risk assessment (corresponds with exercise recommendation):
The colour corresponds to the level of risk associated with exercise engagement as per the free 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 bircarbonate) >32mmol/L*
	Hyponatremia (low sodium) <130mmol/L*		Hypoglycaemia (low blood glucose) <4mmol/L*
	Temperature <35°*		Dependent category in Exercise Dependence Scale
	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 IBW (considering individual weight history & family characteristics)		

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

2. Signs of primary and secondary exercise dependence:

	Exercise routine is rigid, habitual, and inflexible
	Maintains rigid exercise regime despite illness, injury, fatigue, or other barriers
	Exercise disrupts social or occupational obligations
	Keeps the extent of exercise secret or hidden from others
	Resting from exercise leads to excessive anxiety, irritability, guilt and/or distress
	Exercise is "out of control," whereby individual exercises more than initially intended and/or is unable to cut down frequency/intensity of exercise
	Needing to continue increasing the duration/intensity/frequency of exercise to achieve same mood improvements/anxiety reduction/other benefit
	Exercising to provide permission to eat or to compensate ('get rid of' or "burn off" calories)

3. Symptom checklist (circle):

Low body weight	Cyanosis (bluish skin colour),	Cold/clammy skin	Mood concerns	Osteoporosis/ osteopenia
Vomiting	Central nervous system dysfunction (e.g. ataxia)	Wheezing	Fatigue	Other:
Ongoing, unstable or moderate to severe chest pain	Intoxication from drugs or alcohol	Leg cramps or known claudication causing the cramps	Difficulty concentrating	
Palpitations	Shortness of breath	Fatigue	Sleep issues	
Syncope (fainting), near-syncope (near-fainting)	Light-headedness	Peripheral oedema (fluid retention in the limbs)	Gastrointestinal issues	
Dizziness in general or upon standing	Confusion	Other electrolyte disturbances not yet mentioned	Frequent injuries	
Pallor (paleness)	Nausea	Amenorrhea/ oligomenorrhea	Muscle pain/ weakness	

4. Current exercise engagement:

Frequency (per day or week)	
Intensity (0-100% or METs)	
Time/Duration per session	
Type/Mode	

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

6. Safe exercise prescription this session (repeat each session):	
SEES Level	A B C D
New exercise prescription based on SEES recommendation for current level of risk:	Frequency: Intensity: Time: Type: Supervision required: Y / N Session frequency: Weekly Fortnightly Monthly Other:
Food prescription:	

7. Education plan as per SEES guideline:			
	Create a written contract		Introduction to intuitive movement (IM); create IM checklist (IMC), and demonstrate its use
	Ambulation assessment & injury prevention in daily living tasks (e.g. correct bending technique		Introduction to the FITT principle, and demonstrate ways to alter it based on the IMC
	Breathing and relaxation strategies		Develop a healthy long-term relationship with movement
	Physiological education		Identify long term movement goals
	Identify unhealthy exercise beliefs		Body awareness tasks
	Assess exercise habits and thoughts prior to treatment		Other suggestions in the *Facilitating the implementation of SEES* section of the SEES guideline
	Increase awareness of function of movement in ED		

8. Psychological exercise formulation:

9. Additional notes and plans: