

Adolescent IOP Medical Clearance
St. Louis Behavioral Medicine Institute Eating Disorders Intensive Outpatient Program
16216 Baxter Road, Suite 205; Chesterfield, MO; 63017
Phone: (636) 532-9188
Fax Attention to Mishell Hashmi: (636) 532-9951
or Send Encrypted Email to Mishell.Hashmi@UHSinc.com

Patient Name _____ Patient DOB _____

Due to possible medical complications involved with eating disorders, we require physician's medical clearance **prior to** admission to our program. Please circle whether your patient is cleared for this level of care and fax back to us at **(636) 532-9951**.

Details about our Eating Disorders Intensive Outpatient Program:

- | | |
|---|---|
| ○ 15 hours per week of group psychotherapy (3 hrs/day), including 1 supervised meal/day. | ○ Board Certified Psychiatrist available for consultation as well as follow-up appointments. |
| ○ Psychotherapy with licensed clinician, including 1 hour individual session weekly. | ○ Adolescent program is based on principles of FBT (Family-Based Treatment). |
| ○ Nutrition Services with licensed dietitian, including weekly individual sessions. | |

We also recommend that clients have current lab work results. Please see attached lab recommendations. If you have any questions, don't hesitate to give us a call at (636) 532-9188, as your patient cannot be admitted to our program until we receive medical clearance.

Patient is **CLEARED** / **NOT CLEARED** for the ED Intensive Outpatient Program.

Physician Signature

Date

Upon admission, our program coordinator will contact you with specific information about your patient's treatment team. We welcome collaboration of care and look forward to consulting with you at your convenience.

Eating Disorders Program: Mishell Hashmi, Psy.D., Program Director

St. Louis Behavioral Medicine Institute
Eating Disorders Program
16216 Baxter Road, Suite 205; Chesterfield, MO; 63017
Phone: (636) 532-9188 Fax: (636) 532-9951

Adolescent Medical Intake Recommendations

Due to the health risks associated with eating disorders, we recommend that patients under our care are working closely with their physician and have recent lab work to assess for potential medical complications.

- If you have recently (within the last month) done the following bloodwork for your patient, we request that you fax us those results.
- If labs have not been done recently, we ask that if possible you could order the following and fax us the results.

Required:

- Complete Blood Count
- Lipid Panel
- Complete Metabolic Profile (liver & kidney function, electrolytes, total protein, & albumin)
- Phosphorous & Magnesium
- Pediatric Growth Charts
- Amylase

Optional (may be required by your therapist):

- EKG
- Prealbumin
- TSH

We appreciate your collaboration. Please do not hesitate to call with any questions or concerns.

Fax number (636) 532-9951