

**The Lotus Collaborative, Inc.**

A Psychology Clinic

701 Mission Street

Santa Cruz, CA 95060

Phone: 831-600-7103

Fax: 831-600-7499

www.thelotuscollaborative.com

Dear Physician:

The Lotus Collaborative provides comprehensive eating disorder treatment for those struggling with anorexia nervosa, bulimia nervosa, binge eating disorder, compulsive exercising and concurrent mood disorders. We have two locations: Santa Cruz and San Francisco, CA. We offer three levels of care: outpatient, Partial Hospitalization Program (PHP: 6-8 hrs a day, 5-7 days a week) and an Intensive Outpatient Program (IOP: 4.5 hrs a day, 3-7 days a week). We also offer supportive living for women 18+ wanting to live in a recovery focused supportive home in Santa Cruz. Clients that attend our programs must be medically stable; although there may be signs/degrees of medical compromise related to eating disorder behaviors. If you find this patient to be medically unstable, we would recommend eating disorder inpatient or residential level of care until stabilized.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to our treatment program and has listed you as his/her primary care physician. We hope that as the primary care physician, you are willing to provide us with necessary information regarding his/her medical history and current status. We are not a medical facility and so rely on the treating medical providers to ensure medical stability and supervision of patients’ health. With your valuable input, patients often receive initial and ongoing treatment coverage with their insurance companies. Insurance companies mandate that patients attending PHP are seen once a week for medical clearance, and once a month for those attending IOP treatment.

The results of your examination, along with all tests and lab findings, will be reviewed by our psychiatrist, registered dietitian and treatment team. It is considered an essential part of our admissions and ongoing treatment process. Enclosed is the physician’s report for medical clearance. Should you have any questions or need any further information, please call us at: **831-600-7103.**

Thank you in advance for your support.

Sincerely,

The Lotus Collaborative Treatment Team

**Physician's Report for The Lotus Collaborative Medical Clearance**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB / /

Patient must meet the following criteria:

1) Be declared medically stable by a physician to receive treatment in the PHP and IOP programs

2) Be able to self-administer medication

3) Be able to manage existing medical conditions

4) Be free from any infectious or contagious diseases

Please attach copies of the following tests or have them forwarded to the enclosed address:

1. Chemistries (Chem 20 w/ serum phosphorus)

2. UA

3. CBC with diff

4. TSH/ Thyroid screen

5. EKG

6. Pregnancy test

7. For an adolescent patient, please include a copy of the growth curve

8. Is a Dexa scan indicated for this patient? no/yes (if so, date scheduled:\_\_\_\_\_\_\_\_\_\_ )

**Eating Disorder Symptoms**

• Calorie counting, continuous dieting, rigid food selection, fear of weight gain

• Rapid weight loss or gain, inability to gain weight, addicted to exercising, purging

• Loss of control when eating, using food to cope or soothe, secretive eating

• Overuse of favorite food, fear of foods, or excessive focus on “healthy eating”

**Medical History**

The following are of particular importance in the management of eating disorders.

Document positives:

• Electrolyte Imbalances

• Irregular Labs

• Orthostatic Hypotension or POTS

• Substance Abuse

• Hypo/Hypertension

• Brady/Tachycardia

• Amenorrhea

• Polycystic Ovarian Syndrome

• Edema

• Abuse of laxatives, diuretics, and/ or diet pills

• Hypo/Hyperthyroid

• Gastroesophageal Reflux Disease (GERD)

• Gastroparesis

• Gastritis

• Pseudo Bartter Syndrome

* Diabetes Type 1 or Type 2

• Inflammatory Bowel Disease

• Liver Disease/ Fatty Liver Infiltrate

• Gallbladder Disease

History of Physical or Mental Health Hospitalizations:

History of Mental Health Care and providers names:

**History and Physical**

Tested and Documented Food or Drug Allergies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications (Rx, OTC, herbs and supplements) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review of Current Symptoms (circle common problems, add pertinent positives)**

* heartburn/indigestion
* hematemesis
* nausea
* bloating
* abdominal pain and tenderness
* diarrhea
* constipation
* depression/suicidal ideation
* anxiety
* fainting/dizziness
* hair loss
* palpitations
* complications with pregnancy
* infertility problems
* illicit drug use
* edema
* Other:

**Physical Exam (Please weigh eating disorder pts backwards and do not disclose weight)**

Weight Today \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measured Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous weights over past year:

Date \_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_

Last Menstrual Period \_\_\_\_\_\_\_\_\_\_\_\_\_

If no menstruation, date of last menstrual period \_\_\_\_\_\_\_\_\_\_\_\_

T\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ BP(sitting)

\_\_\_\_ BP(standing max 1 minute later)

\_\_\_\_ P (sitting )

\_\_\_\_ P (standing max 1 minute later)

**Please check if normal, describe if abnormal:**

General \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parotid swelling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heart \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lungs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abdomen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lymph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neuro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breast \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GU (within past year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin (lanugo, yellow palms and soles, jaundice, callus on fingers, acanthosis nigricans)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Musculo/Skel (point tenderness at points of impact for exercise –occult fractures) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment and Plan**

1. General Physical Health (in particular, cardiovascular status)

2. Medical Diagnoses

3. Medications (include dosage)

4. Exercise Clearance

□ Full □ light exercise □ no exercise/ADL □ other physical limitations

5. Medical recommendations

6. Plan for follow-up and/or referral:

I certify that the patient above is medically stable for ongoing intensive outpatient care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Address: Phone/Fax:

**Please fax this report, completed tests, and completed labs to The Lotus Collaborative Santa Cruz 831-600-7499. Thank you for your collaboration!**