

The Mandometer[®] Clinic Self referral

Fill in the form as carefully as possible and send to: **AB Mando, Box 4006, S-141 04 HUDDINGE**

Your application will be registered and we will contact you when it has been processed.

Please note: Submission of the Application Form doesn't automatically lead to admission at the Mandometer[®] clinic. If you need to get in touch with us quickly, please call: +46 (0)8 556 406 00

Name:	Today's date:
	Social Security No:

Phone	Home:	Work:	Cell phone:
Address	Street:	Po.box:	City:
E-mail			

If you are less than 18 years old:

Name of mother:	Phone:
Name of father:	Phone:

Insurance Company:	
Name of your Physician:	Phone:

1. How tall are you? _____ inches.

2. How much do you weigh? _____ lbs. BMI: _____ kg/m²
BMI: Body weight (kg) / (Body height (cm) x Body height (cm))
BMI: Body weight (lbs) / (Body height (inches) x Body height (inches)) X 703

3. Have you been losing weight during the last month?

- No
- Yes. How much? _____

4. How long have you had problems with food and eating?

5. Do you think that you are overweight even though your family and friends think that you are not?

- Yes No

6. Do you have physical problems due to your eating disorder?
- no
- yes: _____
7. Do you menstruate?
- yes, regularly
- yes, but irregularly
- no, I lost my period
- no, I never had a period
8. Do you regularly take any medicine(s)?
- no
- yes: _____

9. What is your resting pulse: _____ beats/minute
- (sit/or lie down for ten minutes, take your pulse using finger pressure just above your thumb and look at your watch to measure time at the same time)
10. How many minutes a day are you physically active (running, walking, workout)?
- _____ minutes
11. Has there been any serious "life event" in your family lately (such as divorce, death)?
- no
- yes: _____
12. What is your desired weight? _____ lbs.

13. What does your normal eating pattern look like?
- eating regularly
- restrained eating
- starvation
- starve in periods and eating restrained between
- binge-eating (fast and uncontrolled consumption of large amounts of food) in periods and restrictive eating/dieting in between
- binge-eating daily or almost daily

14. Have you ever induced vomiting after a meal?
- never
- yes, rarely
- yes, sometimes
- yes, often
- yes, always
15. Are you afraid that you will not be able to stop eating once you started?
- yes no

16. Have you ever visited a doctor or a hospital due to your eating disorder?
- yes: _____
- No
17. Have you previously been treated for your eating disorder?
- No
- Yes, where and for how long:
- _____
- _____

18. Additional information: