



INITIAL CONTACT FORM

Hello, this will be your first step of engaging with Eating Disorders Qld. We acknowledge that it can be difficult to discuss your experiences with eating disorder/s and body image issues, particularly at first.

To make it a bit easier, we have developed this form that you can complete and send back to us before we call you.

You will receive a call to discuss the information provided, or we are happy to complete the form with you. During this call we can discuss any questions or touch on issues pertaining to the questions on the form.

After the phone assessment has been completed and we both feel that EDQ is a good fit one of our practitioners will arrange a more comprehensive 'intake' session.

During an intake session, you and the practitioner will review your needs, recovery goals and expectations of therapy/holistic recovery needs.

We will also go through Confidentiality and our shared Rights & Responsibilities.

Looking forward to meeting you!

I consent to the information I provide being stored on a secure database and shared within the EDQ team, as necessary.

Yes No

Due to the high demand for EDQ's funded services, and allowing for fair equitable distribution of therapeutic resources to the community:

- **EDQ requires 48 working hours' notice of cancellation for all appointments**
- **In the event of 3 late cancellations or no-shows, your practitioner will discuss other support options with you before booking another appointment**

EDQ acknowledges recovery and the therapeutic process is not linear. Please discuss any changing needs or barriers with your practitioner so EDQ can best support you and the greater community.

To access services with EDQ, we require that you engage regularly with a GP to monitor your medical stability. As part of this process, a GP will need to sign EDQ's client medical clearance form. Medical monitoring is required for all clients, no matter what kind of eating disorder behaviour is present.

Eating disorders have significant impacts on physical health.

If you do not currently have a suitable GP, please let us know and we can assist you to find one.

I will engage regularly with a GP for the purposes of monitoring my medical stability and acknowledge that as a part of this process a GP will need to sign EDQ's client medical clearance form.

Yes No

DETAILS

Date:

Title:

Family Name:

Given Name(s):

Preferred Name:

Gender: Male: Female Other (Please Specify)

Pronouns:

Date of Birth:

Phone: Mobile:

Email:

CURRENT ADDRESS

Street Number and Name:

Suburb: Postcode:

ACCESSIBILITY

Please identify if any of the following impact your life?

- Psychological
- Physical
- Intellectual/Learning
- Sensory
- Alcohol and/or drug use
- Other



What is your proficiency in English?

- Not applicable – English is the main language spoken in my home
- Very well
- Well
- Not well
- Not at all

Do you require an Interpreter/Auslan Connections and/or advocacy service?

- No
- Yes, please specify language

Do you need the use of assistive technology?

- No
- Yes, please specify

Do you have any current literacy/reading issues that you might need assistance with?

- No
- Yes

Are you a current NDIS participant? Yes No

EDQ strives to be inclusive of diverse groups (Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD), religious / spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status), that access the service. Please let us know if you have any requirements related to this statement, or would like to be given information on other available services that you could also connect with?

DEMOGRAPHICS

Country of birth:

Are you an Australian citizen or permanent resident? Yes No



Are you of Aboriginal or Torres Strait Islander Origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

What cultural background or ethnicity do you identify with?

What is the main language spoken in your home?

Do you identify with the LGBTIQA+ community? Yes No

What is your employment status?

- Full time Employment
- Part-time/Casual Employment
- Full –time Student
- Unemployed
- Home Duties
- Volunteer
- Other (please specify)

What is your main source of income?

- Disability Support Pension
- Other pension or benefit (please specify)
- Paid employment
- compensation payments
- Other, e.g., superannuation, investments (please specify)
- No source of income



What is your marital status?

- Never married
- Windowed
- Divorced
- Separated
- Married (either registered or de facto)

REFERRAL INFO

Who referred you to us at EDQ?

Do you have a current GP Mental Health Treatment Plan? Yes No

PRIVACY AND CONSENTS

Is it OK for us to identify ourselves as EDQ when we contact you? Yes No

What is your preferred contact method?

- Phone Call
- Email
- Text Message (where possible)

Do you want to be on our mailing list (events, education, and updates, including program vacancies)?

- Yes No

We will email you a written Consent and Rights and Responsibilities Form for you to review and sign before your Intake Appointment. These documents detail how we handle your information. If you have any queries, feel free to ask any staff member.

FAMILY AND CARER SUPPORT

Do you have a family member/friend/partner supporting you with your eating disorder? Yes No

You can invite a support person to your intake appointment if you would find that helpful – just let us know when we book that appointment in.

HEALTH

In approximately which year did you first experience any eating disorder symptoms, including significant concerns about weight and shape?

When did you first reach out for **any support** for your eating disorder (approximate date):

This can be any health professional – it could be your GP, your school counsellor or nurse etc.

Please indicate any (diagnoses) you have been given:

Please note that a diagnosis is not required for you to be eligible for services at EDQ.

- Anorexia Nervosa
- Atypical Anorexia Nervosa
- Binge Eating Disorder
- Bulimia Nervosa
- Bulimia Nervosa (of low frequency/limited duration)
- Compulsive Eating
- Night Eating Syndrome
- Orthorexia
- OSFED
- Purging Disorder
- Unspecified Feeding or Eating Disorder
- Other (please specify)
- No diagnosis

Who was the diagnosis made by?

- Doctor (GP)
- Psychiatrist
- Other (please specify)



When was your first contact with **specialist** eating disorder treatment/services? (Year)

This might be EDQ, QuEDS, a psychologist, dietitian etc. – someone who specifically works with eating disorders.

What support have you accessed so far for your Eating Disorder(s)?

- Doctor (GP)
- Psychiatrist
- Psychologist/Counsellor/Therapist/Social Worker
- Hospital (Inpatient/Outpatient)
- QuEDs (Queensland Eating Disorder Service)
- CYMHS (Child and Youth Mental Health Service)
- Other (please specify)

How often do you currently engage with your GP?

GP contact details:

RECOVERY PLAN

Which EDQ services are you interested in?

- Counselling
- Therapeutic Groups
- Activities & Events
- Becoming a Mentor
- Becoming a Mentee
- Community Table
- Support Groups
- Psychoeducation Groups
- Peer Support Group
- One-on-one Peer Support appointments



To prepare for your intake session with an Eating Disorders Practitioner at EDQ, you may like to consider some of these questions:

- What support you have accessed in the past and how it has benefited you?
- What support or strategies has worked well for you in the past?
- What support are you getting now?
- What support you feel you require now?
- 3 Top Recovery goals