



CARER INITIAL CONTACT FORM

Hello, this will be your first step in engaging with Eating Disorders QLD (EDQ). We acknowledge that it can be difficult to discuss your experiences of caring for a loved one with an eating disorder and body image issues.

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

Once this form is completed, one of our Carer & Key Support Coaches will contact you to discuss the next steps in the process of engaging with EDQ.

Looking forward to meeting you.

PRIVACY, CONSENT AND ELIGIBILITY

I understand that the information I provide on this form will be stored on a secure database and shared within the EDQ team, as necessary.

Yes

To determine eligibility for EDQ's funded services, are you QLD resident?

Yes No

Please note, your loved one with an eating disorder does not need a formal diagnosis and can be any age for you as the carer to access our supports.

EDQ Cancellation Policy:

- **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**

We will email you a written Consent and Rights & 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.

Consent to Evaluation, Research and Reports/Publications

EDQ may use client data collected to undertake program evaluations of EDQ services for the purpose of maintaining standards or identifying areas for improvement, as well as to report program outcomes to funding bodies or public forums (e.g. conferences or published papers/reports). Client data that may be used for this purpose can include demographic information, outcome, client feedback and group participation data. Any data analysed for this purpose will be de-identified and will only ever be published in a non-identifiable or aggregate form.



I consent to my client data being used for evaluation and research purposes and understand that the outcomes of evaluation and research may be published in places that are accessible to the public. I understand that if I do not consent to my client data being used for evaluation and research purposes, it still may be used for mandatory reporting of service delivery to funding bodies. I understand that I can modify my consent to evaluation and research at any time. I understand that if I modify my consent, any previous reports/publications may not be able to be modified.

Yes No I would like to discuss this further during my intake

PERSONAL DETAILS

Title:

Family Name:

Given Name(s):

Preferred Name:

How would you describe your gender?

Pronouns:

Date of Birth:

Phone:

Email:

Relationship to loved one with an eating disorder:

Age of loved one with an eating disorder:

CURRENT ADDRESS

Street Address:

Suburb:

Postcode:

ACCESSIBILITY

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

DEMOGRAPHICS

Country of birth:

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 LGBTIQAP+ community? Yes No Prefer not to answer

What is your employment status?



- Full time Employment
- Part-time/Casual Employment
- Student
- Unemployed
- Home Duties
- Volunteer
- Retired
- 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
- Widowed
- Divorced
- Separated
- Married (either registered or de facto)
- Prefer not to answer



In approximately which year did you first notice your loved one experiencing any eating disorder symptoms, including significant concerns about weight and shape?

If your loved one has a diagnosis, please indicate which one (if known):

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

- Anorexia Nervosa
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Binge Eating Disorder
- Bulimia Nervosa
- Orthorexia
- OSFED - Atypical Anorexia Nervosa
- OSFED - Bulimia Nervosa (of low frequency/limited duration)
- OSFED – Binge Eating Disorder (of low frequency/limited duration)
- OSFED - Purging Disorder
- OSFED - Night Eating Syndrome
- Pica
- Rumination Disorder
- Unspecified Feeding or Eating Disorder (UFED)
- Other (please specify)
- No diagnosis
- Unsure

EDQ CARER SERVICES

Which EDQ Carer services are you interested in?

- Coaching Sessions
- Carer Lived Experience Sessions
- Fostering Recovery (Skills-Based Workshop)
- Carer Connect (Support Group)



CPMP (Carer Peer Mentor Program)

Unsure

ADDITIONAL INFORMATION

How did you hear about EDQ?

EDQ strives to be inclusive of diverse groups (Aboriginal and Torres Strait Islander peoples, 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?

Is there anything else you would like EDQ staff to be aware of when contacting you?

Please email the completed form to admin@edq.org.au