

Medical History Survey

Please complete the survey below.

Thank you!

Survey Timestamp _____

This questionnaire contains questions regarding your medical history including any injuries or hospitalizations you may have had in your lifetime. Answer these to the best of your abilities.

1. How many surgeries have you had in the past?
(Including wisdom teeth, tonsillectomy, etc.)..
- 0
 1
 2
 3
 4
 5+
-

Surgery 1: What was the reason for the Surgery? Wisdom teeth

When did you have the surgery? 01-12-2023

2. How many injuries have you had that have impacted your normal activity levels?
- 0
 1
 2
 3
 4
 5+
-

Injury 1: What was the injury? sprained ankle

When were you injured? 01-26-2018

3. How many times have you been hospitalized for a non-ED related condition?
- 0
 1
 2
 3
 4
 5+
-

Have you ever been in intensive treatment for an eating disorder, including intensive outpatient programs (IOP), partial hospitalization (PHP), residential treatment, or inpatient?

Yes
 No

- How many non-ED related medical conditions do you have?
- 0
 1
 2
 3
 4
 5+

How many non-ED related mental disorder diagnoses do you have?

0
 1
 2
 3
 4
 5+

Medical Condition 1: Name of Condition anxiety

Date of Diagnosis 05-08-2020

Date of symptom onset/when you first started feeling symptoms (Please make your best guess) 04-19-2018

How many medications have you taken for at least 3 months? (This would include any type of birth control like: oral contraceptive pill, contraceptive patch, vaginal ring, injectable progestin (i.e., Depo-Provera), intrauterine device (IUD), implant)

0
 1
 2
 3
 4
 5+

Medication 1: Name Clarinex

Dosage: 5 mg/day

Medication Start Date: 07-15-2016

Medication End Date (skip if you are still taking medication)