

Eating Disorder Treatment Plan

Instructions: Please fill in the relevant information in each section of the template, and work with your healthcare team to develop a comprehensive and personalized Eating Disorder Treatment Plan that meets your specific needs and goals.

Part 1: Assessment	
Name:	
Age:	
Gender:	
Diagnosis:	
Date of diagnosis:	
Other medical conditions:	
Medications:	
Allergies:	
Current weight:	
Current height:	
Current blood pressure:	
BMI:	
Eating habits:	
Exercise habits:	
Body image concerns:	
Emotional triggers:	
Other relevant information:	
Part 2: Treatment Plan	
Treatment goals:	
Treatment team:	

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Part 2: Treatment Plan

Treatment interventions:

Nutritional counseling:

Psychotherapy:

Medication management:

Medical management:

Support groups:

Other:

Timeline for treatment:

Expected outcomes: