

Kathryn Fink, MS, RD, CSSD, LD

214-850-9573

fax 972-255-7997

contact@dietitianadvice.com

www.dietitianadvice.com

Treatment History:

Dates of service	Facility	Treated for

Use additional paper as needed

Weight/Diet History

Weight when eating disorder started _____ Highest Weight _____ When? ____

Lowest Weight _____ When? ____

Tell me a little more about your weight history

Tell me a little more about the disordered behaviors you have used:

Behavior	How often?	When started & Last used

Kathryn Fink, MS, RD, CSSD, LD

214-850-9573

fax 972-255-7997

contact@dietitianadvice.com

www.dietitianadvice.com

Any additional information you wish to share or feel is helpful for me to know.
