# Sample Letter To Treatment Providers of Independent Patients Suffering from Anosognosia:

Parents Names:

Parents of	
Date of Birth & Age	
We are submitting the enclosed information for you to review and take into considera	ation when
making treatment plans/recommendations for our daughter/son	We are aware
that due to HIPPA laws you are unable to release any treatment information to us unle	ess our child signs

his/her illness it is imperative for you to be familiar with treatment history and providers. We strongly

a release of information. However, due to the extensive history of treatment and seriousness of

recommend that you have our child sign releases of information for you to attain prior treatment

records and/or collaborate with current/past treatment providers (whom are listed below).

Another reason why we are supplying lengthy information is that one of the defining characteristics of an eating disorder is denial, which impedes the sufferer from accurately assessing and reporting their symptoms and impairments. We love our daughter /son immensely and don't want to see her/him

encounter any further health impairments so please take the following information into consideration.

**Anosognosia/anosognosic:** Pertaining to an illness or disability in which the sufferer seems to be unaware of, or denies, the disability. Patients with anorexia nervosa are often "anosognosic" as they truly do not feel ill and they experience their own behaviors and thoughts as normal. This is not a choice or conscious denial, but rather a feature of brain dysfunction.

## **Current/Past Treatment Providers and Contact Information:**

- List all providers current and past that have relevant treatment information & records
- Include full name, clinic/hospital affiliation/phone/fax/email, dates of treatment and any specifics surrounding nature of treatment provided

## Current or Recent Medical Limitations/Restrictions/Recommendations per Treatment Providers:

- Include exercise/activity guidelines/restrictions/clearance
- Criteria defined for continued activity and/or to be able to increase activity
- Medical Protocol/Frequency of visits/tests ordered and still needing to be completed, etc.
- Protocol for weights/labs/vitals

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**Example:** The above treatment providers have closely monitored \_\_\_\_\_ over the past \_\_\_\_\_ years/months and physical activity and exercise have varied based on a combination of factors that determine medical stability. Due to the impact of being under the influence of the ED she has been known to do various things that falsify her weight and vitals therefore please implement the following to secure more accurate data:

- \* Weight to be taken in gown without any jewelry or undergarments on and AFTER voiding and completion of a urine screen to assess specific gravity
- \* Weight taken blind/backwards with no feedback given
- \* Blood Pressure and Pulse rates taken in the Lying, Sitting, Standing Positions with appropriate time intervals in between to assess for orthostatic changes in vitals
- \* UA to assess for specific gravity as well as protein in urine
- \* EKG to rule out abnormalities

## **Additional Medical Concerns/Co-Occurring Conditions:**

- History of menstrual cycle and irregularities
- Recent lab/vital abnormalities/conditions that require monitoring
- Vitamin/Nutrient Deficiencies and prescribed supplements
- Prescribed medications, dosages and provider that has been overseeing

## History of Approach Towards Treatment/Parental & Family Involvement and Outcome:

- Provide a brief overview of treatment to date, outcome and what transpired resulting in a change
- Consider including relevant data sheets from F.E.A.S.T. that provider uninformed providers
  about Family Based Treatment and other basic eating disorder information i.e. Starvation Study
  Article, Maudsley Family Based Treatment Article, Role of Family in Early Recovery, etc.