

Collaborative Care Stipulations

(Check all that apply)

Please recognize that:

- I am in recovery from disordered eating.
- I am in recovery from an eating disorder.
- I am in recovery from trauma related to body shame and/or weight discrimination.
- Other _____

I will NOT:

- Be weighed unless absolutely necessary.
- Discuss weight loss or restrictive dieting.
- Agree to any discussions around BMI.
- Other _____

I will:

- Collaborate and engage in my care.
- Discuss my recovery which includes Health at Every Size® and Intuitive Eating Principles.
- Submit to a **blind weight** as medically necessary (i.e.: in service of calculating medication dosage). *Please ensure that weight is not written on forms I am given.*
- Offer a Release of Information to speak with other care providers, as necessary.
- Accept care recommendations that are given to **ANY size body** (i.e.: will not accept recommendations to lose weight or pursue bariatric surgery).
- Provide a copy of my most recent lab results and/or agree to further testing if needed.
- Speak about food, as relates to the purpose of my visit (i.e.: allergy test).
- Discuss my exercise/fitness/physical movement practices as relevant.
- Other _____