

List of Requested Labs for Eating Disorder Treatment

Client's Name: _____

Client's date of birth: _____

Please be advised that your patient is planning on beginning treatment with Alicia Ayvas, LCSW to address her/his eating disorder. Listed below are the recommended labs to be drawn, and a physical examination should be completed within 2 weeks of her/his assessment. Please provide a prescription or a lab request for your patient to pick up, and an appointment for medical clearance within 24-48 hours of the assessment appointment. Please fax the results to (703) 476-2217 to the attention of Alicia Ayvas, LCSW.

1. Electrocardiograph (EKG) - with your primary care physician's interpretation

2. Recommended Laboratory Tests –

- a. CBC with differential and platelets
- b. Urinalysis
- c. Urine Drug Screen
- d. Comprehensive Metabolic Panel (Chemistry Screen)

must include the following:

| | | | |
|-------------|------------------|-----------|---------------------|
| -Glucose | -Total Protein | -Sodium | -Albumin |
| -Potassium | -Total Bilirubin | -Chloride | -Alkaline Phosphate |
| -CO2 | -AST (SGOT) | -BUN | -Magnesium |
| -Creatinine | -ALT (SGOT) | -Calcium | -Phosphorus |

e. Serum Tests (not included in most Comprehensive Metabolic Panels)

| | | |
|--------------|----------------|-------------|
| -Magnesium | -TSH | -Phosphorus |
| -Cholesterol | -Triglycerides | -Serum HCG |

3. Growth Chart Records (This is only requested if working with a nutritionist)

All treatment at the outpatient level of care is contingent upon medical clearance of all preliminary labs and EKG. Eating Disorder treatment requires a collaborative effort between providers to ensure the best and most appropriate level of care for the client.

Thank you in advance for your support and prompt attention to this matter. If you have any questions, please do not hesitate to call Alicia Ayvas at (571) 318-9141.