

# Eating Disorder Risk Assessment Form

Full Name

Age

Gender

Email Address

Have you recently experienced significant weight loss or gain?

- ☐ Yes  
☐ No

Do you often feel dissatisfied with your body or weight?

- ☐ Yes  
☐ No

Do you engage in restrictive dieting or skip meals frequently?

- ☐ Yes  
☐ No

Have you experienced episodes of eating large amounts of food in a short period?

- ☐ Yes  
☐ No

Do you use methods to compensate for eating (e.g., vomiting, excessive exercise, laxatives)?

- ☐ Yes  
☐ No

Other concerns or comments