

# Symptom Zone Chart

## Overview

Client Name: Print Client Name Clinician's Name: Print Clinician Name, and license initials

This chart is intended to provide the client, her/his family and practitioners an overview of the level of care needed based on the client's condition and symptoms. This has been designed in accordance to the client's particular situation and was filled out in collaboration with the client and her treatment team, including any family she chooses to involve. It is understood that once the client has been in the "orange zone" for more than two weeks, the client's family will be notified, by her treatment team, that she is struggling and disclosure of identified symptoms will be reported (\*astrick symptoms are pre-determined to not be fully disclosed to family and friends). This will include the disclosure of the treatment team's recommendation for how to shift the treatment level, or approach, in order to meet treatment needs of the client's current presentation of the eating disorder. Client agrees that if she remains in the orange zone, then higher level of care will be recommended and she/he agrees to follow-through with the recommendation and/or clinician may need to discharge client for ethic standard of working outside of scope of practice.

Key	
Green Zone	ED issue is being resolved or no longer present.
Yellow Zone	ED issue is present but fluctuates and there is a sense of movement.
Orange Zone	ED issue is dominantly present and there is a sense of being stuck, with little to no shift happening.
Red Zone	ED issue is critically impairing and immediate action needs to be taken to mediate the degree of severity.
<i>asterisk *</i>	ED issues that may not be disclosed to identified family members or friends.

# Symptom Zone Chart

## Symptoms List

Behavior	Green	Yellow	Orange	Red
<i>Description</i>	<i>Frequency, intensity,</i>	<i>Frequency, intensity,</i>	<i>Frequency, intensity,</i>	<i>Frequency, intensity,</i>
Binging	None	1-2x month	Weekly	Multiple times a week
<b>Weight/Medical Issues</b>				
Weight range	stable weight	loosing weight or weight is fluctuating up and down, week to week.	lost weight consistently for past 4 weeks or significant weight gain indictating increased bx	weight below clinically determined minimum or weight is drastically fluctuating for more than 2 months

# Symptom Zone Chart

## Signatures

Signature indicates agreement with the description of identified behaviors and issues and their impediment on recovery and health, as well as compliance with the plan of action described in the introductory paragraph.

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Client Name - Printed	Client Signature	Date
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Practitioner Name + role - Printed	Practitioner Signature	Date
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Practitioner Name + role - Printed	Practitioner Signature	Date
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Practitioner Name + role - Printed	Practitioner Signature	Date
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Family or Friend Name + role - Printed	Family or Friend Signature/role	Date
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provided by: The Therapist Corner