Adolescent restrictive eating: referral

Original independent practice. Findings, measurements and agreed care arrangements are fictional case facts, not universal treatment instructions. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today is 3 November 2026. Dr Wattoo has read your 20 October referral, including the background, initial findings and management. Following today's telephone discussion, Ms Kenny will attend the specialist service today. Dr Wattoo requests a brief written update on the deterioration and interim care arrangements. You are Ms Latoria Kenny's general practitioner. Using the case notes, write a referral update to Dr Farah Wattoo, Adolescent Physician, Specialist Eating-Disorder Service, 42 Clinic Road, SW1A 2AA, United Kingdom, for the same-day assessment agreed by telephone. Explain the deterioration since the original referral, current risks and interim supervision arrangements. Dr Wattoo already has the initial referral, so its background details need not be repeated. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details and social background			
1. Name: Ms Latoria Kenny	☐	☐	☐
2. DOB: 12/04/2010 (16 yrs)	☐	☐	☐
3. Lives with mother; mother able to stay off work today to support care	☐	☐	☐
4. Year 11; examinations later this month; worried about missing school	☐	☐	☐
Medical background			
5. Previous anxiety; attended school counselling last year	☐	☐	☐
6. No previous eating-disorder treatment	☐	☐	☐
7. Childhood eczema; inactive for several years	☐	☐	☐
8. Mother disclosed sister's examination failure; asks that this remain private	☐	☐	☐
Initial review: 20 October 2026			
9. 20/10/26: 3/12 skipping breakfast/lunch; fears gaining weight	☐	☐	☐
10. Exercising daily; distressed when asked to eat more	☐	☐	☐
11. Weight 63 kg; height 1.65 m	☐	☐	☐
12. Pulse 76/min; BP 112/72 mmHg	☐	☐	☐
13. Immediate eating-disorder referral sent; mother supporting meals pending assessment; 03/11: Dr Wattoo confirms referral read, including background, initial findings and management	☐	☐	☐
14. Advised to stop exercise; early GP review arranged	☐	☐	☐
Current review: 3 November 2026			
15. 03/11/26: weight 60 kg (↓3 kg since 20/10); BMI 22.0 kg/m²	☐	☐	☐
16. Pulse 64/min; BP 108/70 mmHg; temperature 36.5°C	☐	☐	☐
17. Dizzy on standing; no collapse or chest pain	☐	☐	☐
18. Supper supervised; still skips school lunch and exercises privately	☐	☐	☐
19. Anxiety ↑; withdrawing from friends	☐	☐	☐
20. Private interview: denies self-harm or suicidal thoughts	☐	☐	☐
21. School bus pass due for renewal next month	☐	☐	☐
22. Enjoys drawing; prefers pencil sketches	☐	☐	☐
23. Today's electrolytes within laboratory reference ranges; ECG sinus rhythm	☐	☐	☐
24. Restrictive eating suspected; continuing weight loss and symptoms concerning	☐	☐	☐
Agreed plan			
25. Telephone discussion: service agrees same-day medical and mental-health assessment	☐	☐	☐
26. Agrees to attend and share care plan with mother	☐	☐	☐
27. Mother to accompany, supervise meals/fluids and remain until clinical handover	☐	☐	☐
28. No exercise pending specialist assessment; agreed with patient	☐	☐	☐
29. Safety advice: collapse/chest pain/acute confusion → ambulance; unable to maintain fluids → urgent medical assessment	☐	☐	☐