

**Appendix 1  
RED-S Treatment Contract**

**RED-S Treatment Contract for.....**

**Multidisciplinary Team:**

\_\_\_\_\_ (Physician) \_\_\_\_\_ (Psychotherapist/psychiatrist), \_\_\_\_\_ (Exercise physiologist)  
\_\_\_\_\_ (Dietitian)

**Requirements:**

**Meet with:**

- The therapist as recommended by therapist.
- The dietitian as recommended by dietitian.
- The Dr. as recommended by Dr.
  
- Follow daily meal plan developed by the dietitian.
- Follow the adapted training plan developed by the Exercise physiologist
- If underweight, weight gain expected to be \_\_\_\_\_ lbs per week/weight stable within week....
- If underweight, must achieve minimal acceptable body weight/fat of \_\_\_\_\_ lbs by \_\_\_\_\_
- Weekly weigh-in at the following time intervals of \_\_\_\_\_
- After this date, must maintain weight at or above minimal acceptable body weight.

**If ALL requirements are met and the eating behavior (and other severe conditions) are normalized the Team Dr will decide if cleared for competition.**

**I, \_\_\_\_\_ have read this contract and all of my questions were answered.**

_____	_____	_____
<b>Athlete Name</b>	<b>Athlete Signature</b>	<b>Date</b>
_____	_____	_____
<b>Team Physician Name</b>	<b>Team Physician Signature</b>	<b>Date</b>