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.

_____________________________ Athlete Name  Athlete Signature  Date

_____________________________ Team Physician Name  Team Physician Signature  Date