

## **Bariatric Psychological Evaluation Template**

<u>If you are ready to see a therapist</u>, please have your therapist complete the following to ensure all insurance mandated questions are answered.

- What is the patient's competency in deciding to proceed with weight loss surgery?
- Is there a history of substance abuse or dependence? If so, how will this patient be able to handle the stress of weight loss?
- Are there any psychiatric diagnoses that are relevant to weight loss surgery? If so, please provide prognosis and treatment advice?
- What is the patient's ability to handle the stress of weight loss surgery?
   What are the patient's coping mechanisms?
- Should the patient be seen for further counseling or medication adjustments for weight loss surgery?
- In your professional expertise, do you feel this patient is an appropriate candidate for weight loss surgery?
- Please also include:
  - History of present illness
  - Past psychiatric history
  - General medical history
  - Social history
  - Occupational history
  - Mental status examination
  - Family history
  - o Review of systems
  - Functional assessment

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