Bariatric Psychological Evaluation

PATIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Contact Information: _____ Referring Physician: _____

SURGICAL INFORMATION

Type of Bariatric Surgery Considered:

Date of Surgery (if scheduled): _____ dd / mm / yyyy

MENTAL HEALTH ASSESSMENT

Reason for Seeking Bariatric Surgery:

Previous Attempts at Weight Loss (methods, duration, outcomes):

Current Eating Behaviors (including any instances of binge eating, restrictions, etc.):

History of Mental Health Disorders:

Current Mental Health Status:

Medications (including any psychotropic medications):

PSYCHOLOGICAL TESTING

Tests Administered (e.g., BDI for depression, EDE-Q for eating disorders):

Key Findings:

ASSESSMENT OF EATING DISORDERS

Indications of Eating Disorders (Anorexia, Bulimia, Binge-Eating Disorder):

Impact on Daily Life and Functioning:

SUBSTANCE ABUSE ASSESSMENT

History of Substance Use/Abuse:

Impact on Lifestyle and Surgery:

EMOTIONAL AND PSYCHOLOGICAL FACTORS

Emotional Health Evaluation (current stressors, mood disorders):

Coping Mechanisms:

Support Systems (family, friends, support groups):

READINESS FOR SURGERY

Understanding of Bariatric Surgery:

Expectations from Surgery (weight loss goals, perceived lifestyle changes):

Motivation for Surgery:

Capacity for Adhering to Post-Surgery Recommendations:

PSYCHOLOGICAL RISKS

Identification of Psychological Risks (e.g., likelihood of non-compliance, potential for post-surgery depression):

Strategies for Mitigation:

RECOMMENDATIONS

Suitability for Surgery:

Mental Health Counseling:

Nutritional Counseling:

Physical Activity Guidance:

Follow-Up Plan:

EVALUATOR'S INFORMATION

Evaluator's Name: _____

Signature:

Date of Evaluation: _____ dd / mm / yyyy