## **Bariatric Psychological Evaluation**

Patient Information
Name:
Date of Birth:
Contact Information:
Referring Physician:
Surgical Information
Type of Bariatric Surgery Considered:
Date of Surgery (if scheduled):
Mental Health Assessment
1. Clinical Interview
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):
2. Psychological Testing
Tests Administered (e.g., BDI for depression, EDE-Q for eating disorders):
Key Findings:
3. Assessment of Eating Disorders
Indications of Eating Disorders (Anorexia, Bulimia, Binge-Eating Disorder):
Impact on Daily Life and Functioning:

4. Substance Abuse Assessment
History of Substance Use/Abuse:
Impact on Lifestyle and Surgery:
5. 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):
Strate gios for Mitigation.
Strategies for Mitigation:

Recommendations
Suitability for Surgery:
Recommended Interventions (pre and post-surgery):
Mental Health Counseling:
Nutritional Counseling:
Physical Activity Guidance:
Follow-Up Plan:
Evaluator's Information
Evaluator's Name:
Signature:
Date of Evaluation: