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## Psychological Evaluation

Our mutual patient is considering surgical weight reduction and requires an evaluation by a mental health professional. The insurance company, the surgeons, and the hospital require this. Most insurance companies will not authorize the surgery without an evaluation from a mental health professional. Please provide documentation on the following issues:

- a. How does the patient think the surgery will help?
- b. How long has obesity been a problem?
- c. Please list and describe any sources of stress in the patient's life.
- d. Please provide details of the patient's personal history such as where the patient is from, where he/she lives now, education, marital status, home situation, and family interactions, and any history of physical or sexual abuse.
- e. Provide details of significant tobacco, alcohol, and recreational drug use.
- f. Any history of addictions or substance abuse?
- g. Any significant untreated or incompletely treated psychiatric illness or psychological disorders? If so, are they adequately treated or would additional treatment prepare the patient for weight loss surgery? Do these conditions contraindicate proceeding with weight loss surgery?
- h. Provide details of depression, suicidal tendencies, eating disorders, and compliance issues.
- i. Provide details of comprehension of the surgery and the ability to make lifestyle changes.
- j. Provide details of adherence to diet, exercise, lifelong vitamins, and follow-up.
- k. Is the patient reliable? Is the patient able to adhere to post-operative instructions?
- l. Does the patient understand that noncompliance puts the patient at risk for complications?
- m. Does the patient have realistic expectations and understand that numerous complications can occur?
- n. Does the patient have adequate support?
- o. Is the patient capable of giving informed consent?

Please mail or fax the report to our office (FAX 425-385-8476).