

## PSYCHOLOGICAL ASSESSMENT FOR BARIATRIC SURGERY

In order to better prepare for this assessment be advised that the following areas will be covered in the interview.

- **Psychosocial History-**
  - Marital and Family status
  - Employment
  - Relationships with Family
  - Post Operative Support System
  - Education
  - Prior and Current Depression, Anxiety, etc.
  - Family History of Weight Problems
  - Prior or current psychological care
- **Medical and Weight Loss History- (It is important that you write this information down on the accompanying form and bring this for your interview)**
  - History of weight loss attempts. (Be as specific as possible)
  - Medical Problems
  - Current Medications
- **Knowledge** of Post Operative Requirements and **Motivation** for following a plan.
- **Need for pre-operative or post-operative counseling**
- **Personality Testing** (Scheduled at a separate date from the interview)  
MMPI-2 and MBMD (Generally requires two hours)

**Be sure to contact your health insurance to be determine the extent of your coverage for the assessment and surgery and that providers that are on your plan. This is an assesment only. Many insurers cover some portion of the costs of the assessment. Patients are financially responsible for any balance not covered by insurance.**

## Bariatric Surgery Candidates

Please complete the following information and bring it to your appointment to assist in your evaluation. **PLEASE LIST YOUR MEDICAL CONDITIONS IN SEQUENCE FROM FIRST DIAGNOSED TO LAST DIAGNOSED**

Medical Condition	Date / Age of Onset	Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list these **in sequence from first to last**. This includes formal weight loss programs, dietary supplements, dieting, or exercise. **Whether you choose to list by age or date please use one or the other throughout your listing of weight loss history.**

**\*\*IT WILL BE NECESSARY TO PROVIDE A WEIGHT LOSS HISTORY AT THE TIME OF THE ASSESSMENT OR IT CANNOT BE DONE.** Insurance companies require that a candidate show what other weight loss measures have been attempted before considering bariatric surgery.

For example: Weight Watchers      Age 23      6 months  
Lost 20 lbs

Weight Loss Attempt	Date /Age	Approximate Weight Loss
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use other side if needed. Thank you.

**David Gannon, Ph.D. ,Psychologist**