[Date]
[Surgeon Name]
[Surgical Practice Name]
[Address]
[City, State, Zip]

RE: Psychological Evaluation for [Patient Name]
DOB: [Patient Date of Birth]

Dear [Surgeon Name],

I am writing to provide the results of the psychological pre-surgical evaluation for [Patient Name], who is being considered for [Type of Surgery, e.g., Roux-en-Y Gastric Bypass/Sleeve Gastrectomy].

The evaluation was conducted on [Date] and included a clinical interview and the following psychometric assessments: [List Tests, e.g., MMPI-3, PAI, or BDI-II]. The purpose of this evaluation was to assess the patient's psychological stability, understanding of the procedure, and readiness for the required postoperative lifestyle changes.

Clinical Findings:
The patient demonstrated a clear understanding of the risks and benefits associated with the surgery. They have realistic expectations regarding weight loss outcomes and have identified a support system consisting of [Support System Details]. Current mental status examination reveals [Brief Mental Status Summary]. There is no evidence of active substance abuse or untreated eating disorders that would contraindicate surgery at this time.

History and Behavioral Readiness:
The patient has a history of [Brief History of Weight Loss Efforts]. They have demonstrated a commitment to behavioral change by [List Specific Changes, e.g., attending nutrition classes, smoking cessation, or exercise].

Recommendations:
[List any specific recommendations, e.g., continued individual therapy or attendance at a bariatric support group].

Clearance Status:
Based on the clinical interview and assessment results, [Patient Name] is **psychologically cleared** for bariatric surgery. I believe the patient is capable of adhering to the postoperative medical and nutritional regimen.

Please feel free to contact me at [Phone Number] if you require further information.

Sincerely,

[Provider Signature]
[Provider Name, Credentials]
[License Number]
[Clinic Name]