Date: [Date]

To: [Surgeon Name]
Clinic/Hospital: [Clinic Name]
Address: [Clinic Address]

RE: Expedited Psychological Clearance for Bariatric Surgery
Patient Name: [Patient Name]
Date of Birth: [Patient DOB]

Dear Dr. [Surgeon Last Name],

I am writing to provide the expedited psychological clearance for [Patient Name], who is seeking [Type of Surgery, e.g., Gastric Sleeve/Bypass] surgery. I conducted a clinical interview and psychological assessment on [Date of Evaluation].

Psychological Assessment and Readiness:
The patient demonstrates a clear understanding of the surgical procedure, the necessary lifestyle modifications, and the potential risks involved. There is no evidence of active psychosis, untreated substance abuse, or severe cognitive impairment that would contraindicate surgery. Any pre-existing mental health conditions are currently stable and well-managed.

Support System and Coping:
The patient has identified a reliable support system and has demonstrated effective coping strategies to manage the post-operative behavioral requirements.

Recommendation:
Based on this clinical evaluation, [Patient Name] is **cleared from a psychological standpoint** to proceed with bariatric surgery on an expedited basis. I recommend continued follow-up with a mental health professional post-operatively to ensure long-term success.

If you require any further documentation, please contact my office at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name, Credentials]
[License Number]
[Your Practice Name]