Date: [Date]

To: [Surgeon Name]
Facility: [Surgical Practice Name]
Address: [Street Address, City, State, Zip]

RE: Psychological Clearance for Bariatric Surgery

Patient Name: [Patient Full Name]
Date of Birth: [DOB]

Dear Dr. [Surgeon Last Name],

I am writing to provide the psychological evaluation results for [Patient Name], who is seeking [Type of Surgery, e.g., Gastric Bypass]. This patient has been identified as **High-Risk** due to [mention brief reason, e.g., history of severe depression, eating disorder, or lack of social support].

Evaluation Components:
The evaluation included a clinical interview, a review of psychiatric history, and the following psychometric testing: [List tests, e.g., MMPI-3, MBMD, or BDI-II].

Clinical Findings:
The patient demonstrates an adequate understanding of the surgical procedure, required lifestyle modifications, and the necessity of long-term follow-up. Regarding the high-risk factors identified: [Briefly describe how the risk is being managed, e.g., the patient is currently stable on medication and attending weekly therapy].

Recommendations:

- [Recommendation 1: e.g., Continued participation in bariatric support groups]
- [Recommendation 2: e.g., Post-operative mental health follow-up within 4 weeks]
- [Recommendation 3: e.g., Close monitoring of medication absorption changes]

Clearance Status:
[Patient Name] is **provisionally cleared** for bariatric surgery, provided the recommended support plan remains in place. I believe the patient is psychologically prepared to proceed at this time.

Please contact me at [Phone Number] or [Email] if you require further information.

Sincerely,

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