Date: [Date]

To: [Surgeon's Name]
[Surgical Practice Name]
[Address]
[City, State, Zip Code]

RE: Psychological Evaluation for Bariatric Surgery

Patient Name: [Patient Name]
Date of Birth: [Date of Birth]
Date of Evaluation: [Evaluation Date]

Dear Dr. [Surgeon's Last Name],

I am writing to provide the results of the pre-surgical psychological evaluation for [Patient Name], who is seeking [Type of Surgery, e.g., Gastric Sleeve/Bypass] surgery.

The evaluation consisted of a clinical interview and the administration of psychometric testing, including the [Name of Test, e.g., MMPI-3 or PAI]. The focus of the assessment was to determine the patient's psychological readiness, understanding of the procedure, and ability to comply with postoperative lifestyle requirements.

Clinical Findings:

- **Mental Health History:** [Brief summary of history or "No significant history noted"].
- **Substance Use:** [Status of tobacco, alcohol, or drug use].
- **Eating Behavior:** [Note presence or absence of binge eating or emotional eating].
- **Support System:** [Briefly describe patient's social support].
- **Understanding of Risks:** The patient demonstrated a clear understanding of the surgical risks and the necessary long-term dietary changes.

Recommendations:

[Include recommendations, e.g., Continued individual therapy, participation in a support group, or nutritional counseling].

Prognosis and Clearance:

Based on the clinical data, [Patient Name] meets the psychological criteria for bariatric surgery. From a behavioral health perspective, I offer my full clearance for the patient to proceed with the procedure.

Please feel free to contact me at [Your Phone Number] if you have any questions regarding this evaluation.

Sincerely,

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