Date: [Date]

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

To [Surgeon Name/Bariatric Team],

I am writing to provide the results of the multidisciplinary psychological evaluation conducted on [Date of Evaluation] to determine [Patient Name]'s readiness for bariatric surgery.

Clinical Assessment:
The evaluation included a clinical interview, a review of psychiatric history, and the administration of standardized psychological testing ([List Tests, e.g., MMPI-3, MBMD]). The patient demonstrated a clear understanding of the surgical procedure, the necessity of lifelong dietary changes, and the potential risks involved.

Psychosocial Stability:
The patient exhibits adequate coping mechanisms and a stable support system. There are no active untreated substance use disorders or uncontrolled psychiatric conditions that would serve as a contraindication to surgery at this time.

Behavioral Readiness:
[Patient Name] has demonstrated a commitment to the multidisciplinary protocol, including attendance at pre-operative nutritional counseling and support groups. They have identified realistic weight loss goals and show readiness to adhere to the post-operative behavioral regimen.

Recommendation:
Based on this comprehensive evaluation, [Patient Name] is **psychologically cleared** to proceed with bariatric surgery. I recommend continued follow-up with the multidisciplinary team post-operatively to monitor emotional adjustment and behavioral compliance.

Sincerely,

[Signature]
[Your Name, Degree/Credentials]
[Title]
[Practice Name]
[Phone Number]