[Date]

[PCP Name]
[PCP Clinic Name]
[Address]
[City, State, Zip]

RE: Psychological Evaluation for Bariatric Surgery

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Surgery Type: [Type of Surgery, e.g., Gastric Sleeve/Bypass]

Dear Dr. [PCP Last Name],

I am writing to provide the results of the psychological evaluation conducted on [Date] regarding the above-named patient's readiness for bariatric surgery. The evaluation included a clinical interview, a review of psychiatric history, and standardized psychological testing.

Based on this assessment, [Patient Name] demonstrates a clear understanding of the procedure, the required lifestyle changes, and the necessity of long-term follow-up care. The patient exhibits stable cognitive and emotional functioning and does not present with any active psychological contraindications that would preclude them from undergoing surgery at this time.

The patient has developed a comprehensive plan for post-operative adherence, including dietary modifications and social support systems. We have discussed the potential psychological impacts of rapid weight loss, and the patient has agreed to pursue behavioral health maintenance if needed during the recovery process.

Recommendation: From a psychological perspective, [Patient Name] is cleared to proceed with bariatric surgery.

If you require further information or have any questions, please feel free to contact my office.

Sincerely,

[Signature]

[Evaluator Name, Degree]
[License Number]
[Clinic Name]
[Phone Number]