Date: [Date]

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

RE: Psychological Evaluation for Bariatric Surgery

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

Dear Dr. [Surgeon Last Name],

I have completed a comprehensive pre-surgical psychological evaluation for [Patient Name] to determine their readiness for [Type of Surgery, e.g., Gastric Bypass/Sleeve Gastrectomy]. This evaluation consisted of a clinical interview, review of psychiatric history, and the following standardized assessments: [List Assessments, e.g., MBMD, MMPI-3, or PAI].

Clinical Findings:
The patient demonstrates a clear understanding of the surgical procedure, required lifestyle modifications, and potential risks. [Patient Name] has realistic expectations regarding weight loss outcomes. Current cognitive functioning and emotional stability appear sufficient to provide informed consent and adhere to the rigorous post-operative regimen.

Psychological Clearances Status:
[ ] **Cleared:** No significant psychological contraindications identified.
[ ] **Cleared with Recommendations:** Standard clearance with specific behavioral goals.
[ ] **Deferred:** Pending stabilization of mental health symptoms or further preparation.

Treatment Recommendations:
To optimize long-term surgical success, the following recommendations are suggested:

- Participation in a bariatric support group (pre- and post-operatively).
- Individual therapy focusing on [e.g., emotional eating, stress management, or body image].
- Consultation with a registered dietitian to address [e.g., grazing behaviors].
- Continued compliance with current psychiatric medication: [List medications or N/A].
- Development of a structured exercise plan consistent with physical limitations.

Conclusion:
From a psychological perspective, [Patient Name] is considered a favorable candidate for bariatric surgery at this time. I am available to provide follow-up support as needed during the post-operative transition.

Sincerely,

[Signature]
[Your Name, Credentials]
[License Number]
[Phone Number]
[Email Address]