Date: [Date]

To: [Surgeon Name]
Clinic/Hospital: [Clinic Name]
Fax/Email: [Contact Information]

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

Dear [Surgeon Name],

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

At this time, clinical clearance is **PENDING** further assessment and/or intervention. While the patient has demonstrated a basic understanding of the surgical procedure and the necessary lifestyle changes, the following areas require additional attention before a final recommendation can be made:

- [Reason 1: e.g., Stabilization of untreated/unmanaged depressive symptoms]
- [Reason 2: e.g., Implementation of consistent behavioral eating habits]
- [Reason 3: e.g., Further evaluation of cognitive understanding regarding post-op requirements]
- [Reason 4: e.g., Completion of a specified number of counseling sessions]

The patient has been informed of these requirements and is currently working toward meeting these clinical goals. A follow-up appointment has been scheduled for [Date] to reassess their readiness.

I will provide a final clearance letter once these specific concerns have been addressed and I feel the patient is psychologically prepared for the rigors of the post-operative regimen.

Please feel free to contact my office at [Phone Number] if you have any questions.

Sincerely,

[Your Signature/Name]
[Your Title/Credentials]
[License Number]
[Practice Name]