

[Date]

[Surgeon Name]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

**RE: Psychological Clearance for Bariatric Surgery**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Date of Evaluation:** [Date]

Dear [Surgeon Name],

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

The evaluation consisted of a clinical interview and the administration of [Name of Tests, e.g., MMPI-3, BDI, or BAI]. The assessment focused on the patient's psychiatric history, current emotional stability, eating behaviors, understanding of the surgical procedure, and commitment to post-operative lifestyle changes.

**Clinical Findings:**

- **Psychiatric History:** [Brief summary of findings or "No significant history detected"].
- **Cognitive Readiness:** The patient demonstrates a clear understanding of the risks, benefits, and necessary dietary restrictions.
- **Support System:** The patient has identified an adequate social support system to assist during recovery.
- **Substance Use:** There is no evidence of active substance abuse that would contraindicate surgery.

**Recommendation:**

Based on the clinical data, [Patient Name] is **psychologically cleared** to proceed with bariatric surgery. The patient appears motivated and has realistic expectations regarding the surgical outcome.

Please feel free to contact my office if you require further information.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[License Number]  
[Phone Number]