

Obesity Psychiatry Program

Both Insurance companies as well as bariatric programs require a pre surgical psychiatric evaluation. While no guidelines or criteria exist for a prebariatric psychiatric evaluation, the list below provides essential information that would help the psychiatrist performing a prebariatric evaluation to assess the patient's appropriateness for bariatric surgery. It is also recommended that this evaluation be supplemented by objective tools such as the binge eating scale BDI, body image questionnaires, and Personality inventory.

Name _____ Age _____ marital status _____

Type of surgery the pt has elected: _____ Surgeon: _____

PERSONAL HISTORY:

Born: ____ Raised ____ Childhood Sexual/ physical/ emotional Abuse _____ Education: _____

Work _____ Living conditions: _____ Married ____ Kids: ____

Alcohol: Current ____ H/of ____ Substances: Current ____ H/of ____ Tobacco: _____ Legal History: _____

PAST MEDICAL HISTORY: Obesity/ DJD/ DM/ HTN/ SLAP/ NASH/ GERD/ CAD/ MI/COPD/ ASTHMA

MEDICATIONS: _____

CURRENT HISTORY: Problems with weight since _____ Lowest Adult weight _____
Age _____ Maximum Adult weight _____ Age _____ Current weight _____

Previous diets/ exercise programs/ pills / surgery _____

_____ Physician supervised weight loss ____ months

Support system: _____

Educated self about surgery: Surgeon/ pts who have had Sx/ Internet _____

Pt is aware of, risks and benefits of the surgery, post op requirements, complications and the need to follow dietary recommendations. Dangers of not following recommendations.

Is the support person aware of this and accompanied patient to support groups?

CURRENT PSYCH SYMPTOMS:

Depression: _____ Anxiety _____ PA/ OCD: _____ Sleep _____ appetite _____ Energy _____

SI /HI _____ Del/AH/VH _____

Abnormal Eating Behaviors:

Previous h/o:

- Very strict diets /starving self _____
- Inducing vomiting _____
- Laxative abuse _____
- Eating when emotionally upset, happy or bored _____
- Night eating _____
- Recurrent episodes of binge eating. An episode is characterized by:

1. Eating a larger amount of food than normal during a short period of time (within any two hour period)
2. Lack of control over eating during the binge episode (i.e. the feeling that one cannot stop eating).

PAST PSYCHIATRIC HISTORY:

Prior psych symptoms _____ Prior Psych medication _____ Prior psych contact _____ Prior psych hospitalization/ Suicide attempts _____ Current psychiatric follow-up: _____

MENTAL STATE EXAMINATION:

- Appearance: well groomed/
- Behavior:
- Speech
- Mood / Affect
- Suicidal Homicidal
- Delusions Auditory hallucinations/ visual hallucinations
- MMSE:
- Insight :

DIAGNOSIS:

Axis I _____
 Axis II _____
 Axis III _____
 Axis IV _____
 Axis V _____

RECOMMENDATIONS:

DIAGNOSTIC:

TSH, B12 and Folate RPR. Others _____

THERAPEUTIC: _____

PREBARIATRIC ASSESSMENT:

This patient is/ is not aware of risks/ benefits/ complications of surgery.

He/ she has a good support system and plan for post op compliance with diet and other requirements.

However:

Would benefit from CBT grps before or after surgery

Would need to return for an interview with support person.

Would need to be put on medications and return for reeval once psychiatrically stable.

Would need to get a letter from PCP/ substance abuse treatment program confirming that he/ she has been clean and sober from alcohol and drugs for at least _____ time

Pt approved psychiatrically for bariatric surgery

Pt not approved for bariatric surgery at present

Name of the Doctor/ signature

Date

Contact phone # _____