



Dear Professional,

This patient is pursuing bariatric (weight loss surgery) as a treatment for Morbid Obesity. According to the American Society for Bariatric Surgery and the National Institutes of Health, weight loss surgery is the only effective long-term treatment for morbid obesity.

Surgery alone will not guarantee long-term success. While difficult to do, it is possible to defeat the surgery by ignoring program guidelines and suggestions, drinking high calorie liquids, continual snacking and sedentary living. Bariatric surgery provides a toll that gives a feeling of satiety and allows the patient to choose a healthy lifestyle. Patients must clearly and realistically understand how lives will change after the operation. The treatment goal for severe or morbid obesity should be improvement in health that is achieved by durable weight loss, thus reducing life-threatening risk factors and improving activities of daily living. Changes in eating habits must be made to prevent pain and vomiting to preserve the new anatomy created by surgery. Developing appropriate eating habits will prevent possible complications.

Weight loss can be substantial during the first year, usually averaging 10-15 pounds per month or more for gastric sleeve and 4-8 pounds per month for laparoscopic adjustable gastric band patients. Patients are required to: follow strict dietary guidelines; take vitamins and supplements; and introduce a routine exercise program into their daily life. Patients can expect to lose approximately 50-80% of their excess weight.

Please evaluate the patient for:

- Psychiatric conditions such as psychosis, severe behavioral disorders or severe neurosis
- Ability to understand and comply with instructions and recommendations
- Acceptance and compliance with the pre and post-operative lifelong demands after surgery
- Full ability to understand the goals of surgery, as well as the potential risks and complications
- Assessment of unrealistic expectations of surgery

See the back of this page for more information on what should be included in the patient evaluation. This can be used as a reference guide for you. Please **fax** your evaluations to the number below.

Information to be included in patient evaluation:

- The reason for the evaluation
- How does the patient think the surgery will benefit him/her
- How long has obesity been a problem
- Sources of stress or concerns in present life
- Personal history (lives where, home situation, family interaction, etc.)
- Medications
- Tobacco, alcohol, recreational drug use, if ever. (how long since)
- Family history (includes physical or sexual abuse)
- Schooling
- Marital Status (history to present)
- Behavioral observations
- Test results (validity indicators)
- Impression

Rule out/ identify the following:

- Drug use
- Alcohol use
- Untreated depression
- Suicidal tendencies
- Eating disorders
- Compliance issues
- Comprehension (does patient understand the surgery and needed lifestyle changes?)
- Ability to make lifestyle changes
- Compliance in diet
- Compliance in exercise
- Understanding the need for follow-up regardless of how far the patient is required to travel
- Reliability
- Understanding that noncompliance puts them at risk
- Unrealistic expectations
- Inadequate support
- MMPI