

REQUEST FOR PSYCHIATRIC EVALUATION

PATIENT NAME: _____ DOB: _____

Our mutual patient is considering bariatric surgery for weight reduction at the Naval Medical Center San Diego and requires an evaluation by a psychiatrist or psychologist. The procedure requires extensive postoperative follow up and a sincere commitment by the patient. It is helpful if you provide documentation on the following issues:

- Psychiatric diagnosis
- Stable on current psychiatric medications?
- How does the patient think the surgery will benefit him or her?
- How long has obesity been a problem?
- List and describe sources of stress in the patient's life.
- Provide details of the patient's personal history such as where he/she is from, where he/she lives now, education, marital status, home situation and family interactions, physical and sexual abuse.
- Provide details of tobacco, alcohol, and recreational drug use.
- Any history of addictions or substance abuse.
- Any significant untreated or incompletely treated psychiatric illness
- Provide details of depression, suicidal tendencies, eating disorders, and compliance issues.
- Provide details of comprehension of the surgery and the ability to make lifestyle changes.
- Is the patient reliable? Will he/she be compliant with post-operative instructions?
- Does the patient understand that noncompliance puts the patient at risk for complications?
- Does the patient have realistic expectations and understand that numerous complications can occur?
- Does the patient have adequate support at home?
- Is the patient capable of giving informed consent?

Please mail or fax the report to our office. The office FAX number is: 619-532-9544. Thank you for your cooperation in this matter.

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