

Assessment & Therapy Associates

1545 Crossways Boulevard, Suite 250

Chesapeake, Virginia 23320

Phone (757) 206-2772

Fax (757) 296-2263

Dear Healthcare Provider:

The patient providing this form for you was recently seen for psychological evaluation for bariatric surgery. As part of this evaluation process, we are seeking your consultation in their care. **When completing this form, please keep the following information in mind:**

-Patients with moderate/severe symptoms of depression, anxiety, disordered eating, or other poorly controlled mental health symptoms are at greater risk for complications and rehospitalization following bariatric and metabolic surgery (BMS).

-Untreated mental health challenges can also contribute to poorer weight loss outcomes and greater weight regain after surgery. Thus, optimizing mental health treatment prior to surgery is of high importance in reducing risk of complications and maximizing the patient's health benefits of surgery.

-Continuing postoperative care is also recommended as BMS surgery can also have a negative impact on psychosocial functioning by changing effectiveness of psychotropic medications, by inducing hormonal changes, by removing one's ability to utilize food for mood regulation, or due to other stressors associated with the process.

-If you are the patient's medication provider, **we typically recommend monthly monitoring in the year after surgery to address any changes in symptoms.**

If you have any concerns about your patient's psychiatric stability, please indicate this on the form. Please return the attached form and fax it back (number above). Should you have any concerns you would prefer to speak about over the phone, please do not hesitate to call at the number above.

Sincerely,

Assessment & Therapy Associates Clinicians

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CONFIDENTIAL

Please read the letter accompanying this form and complete and fax this page back to us.

Name of Provider: _____

Name of Patient: _____ DOB: _____

Current Diagnoses: _____

Current Medications (and dosages) prescribed by you: _____

This patient's mood is **stable** on current medications.

This patient's mood is **unstable** despite being prescribed medications.

AND

To the best of my knowledge, this patient is **compliant** with their medication regimen

To the best of my knowledge, this patient is **noncompliant** with their medication regimen.

AND

To the best of my knowledge, there **are no** psychological contraindications to bariatric surgery.

To the best of my knowledge, there **are** psychological contraindications to bariatric surgery as explained in Additional Notes below.

AND

This individual is having Gastric Bypass surgery. I understand that if this patient is prescribed extended-release medications they will need to be changed to non-extended release.

Signature of Provider

Date

Additional Notes: