

Sample Letter for Psychiatric Evaluation

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_____, recently consulted me for evaluation of morbid obesity. In order to present the chart for insurance approval, psychiatric/psychologic clearance is required. An appropriate psychological evaluation for weight loss surgery would include documentation of the following:

1. A brief psychiatric history indicating the patient's baseline family structure including familial and psychiatric pathology and relationship with parents, spouse and children. Please include any past history of eating disorders. Has this patient ever had major depression or suicidal attempts? Has this patient been hospitalized for a psychiatric disorder?
2. History of compliance or non-compliance with previous medical therapies including psychiatric therapies and/or medical therapies (e.g. diabetes, hypertension).
3. A brief review stating that you feel the patient is having the surgery for the appropriate reasons, (i.e. health related issues and not cosmetic issues).
4. The patient should have realistic expectations with respect to weight loss. They should understand that weight loss surgery is a tool for weight loss and requires compliance to dietary and exercise regimens following the operation in order to lose weight and maintain weight loss over time.
5. The patient should understand that following weight loss surgery they will be required to take mineral and vitamin supplements daily for life. It should be your opinion that they would be compliant with these supplements as well as long term follow-up care in the office.
6. The patient understands that there are complications associated with weight loss surgery that might be life threatening.
7. Finally, it would be appropriate to list all psychiatric diagnoses, and the ICDM codes for psychiatric disorders.

If any further information is required about this case please do not hesitate to contact us at the telephone number above.