BODY BY
BARIATRICS
SURGICAL WEIGHT LOSS

DATE:	
TO: **ATTN**:	**Fax**:
From: BODY BY BARIATRICS, LLC	
Pages (*including cover*): 2	
REQUEST: Psychological Evaluation – Bariatric Surgery **PATIENT**: **DOB**: Your patient has chosen BodyByBariatrics Weight Loss and Bariatric Surgery Program to start living a healthier lifestyle. One of their insurance carrier requirements is a psychological evaluation from a licensed mental health professional. Please review the following criteria that needs to be included in the letter. If you have any questions regarding this letter, please feel free to contact our team.	

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BodyByBariatrics
4901 Vineland Rd 150
Orlando, FL 32811
Office: 407-707-5018
Fax: 407-707-8658

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Patient Name: _____
DOB: _____

The following information must be included to obtain a Psychological Evaluation for Bariatric Surgery for the treatment of morbid obesity (E66.01).

- Letter typed on your office letterhead and signed by a licensed mental health professional
- Patient's full name and date of birth
- What is the patient's competency in deciding to proceed with weight loss surgery?
- Is there a history of substance abuse or dependence? If so, how will this patient be able to handle the stress of weight loss?
- Are there any psychiatric diagnoses that are relevant to weight loss surgery?
  If so, please provide prognosis and treatment advice.
- What is the patient's ability to handle the stress of weight loss surgery?
  What are the patient's coping mechanisms?
- Should the patient be seen for further counseling or medication adjustments for weight loss surgery?
- In your professional expertise, do you feel this patient is an appropriate candidate for weight loss surgery?
- Please also include:
  - History of present illness
  - Past psychiatric history
  - General medical history
  - Social history
  - Occupational history
  - Mental status examination
  - Family history
  - Review of systems
  - Functional assessment

Please kindly send this letter of medical necessity by email (Support@BodyByBariatrics.com) or via fax (407-707-8658).

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