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### Information for your psychological clearance

**All patients need psychological clearance as recommended by the American Society for Bariatric Surgery.** This can be done by a local psychologist or psychiatrist, or we can refer you to one. We also want to be sure you understand the implications of the surgery and that you have a good support system of friends and family. Bring a copy of the enclosed questionnaire with you when you go to the therapist. Also bring the attached letter to the psychologist to help guide him or her with the assessment. It is helpful if you try to answer these questions for your psychologist. It is always best if you see a psychologist prior to your office appointment. This note will help us expedite the authorization process. Please contact the office if you need the name and location of a psychologist.

**Please mail or fax the report to our office (410) 368-8726**

**To your Psychiatrist, Psychologist, LCSW, or Nurse Practitioner:**

Our mutual patient is considering surgical weight reduction and requires an evaluation by a psychologist or psychiatrist. Both the insurance companies and the surgeons require this. Most insurance companies will not authorize the surgery without a letter of support from a licensed therapist. It is helpful if you provide documentation on the following issues:

1. How does the patient think the surgery will help?
2. How long has obesity been a problem?
3. Please list and describe some sources of stress in the patient's life
4. Please 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?
5. Provide details of tobacco, alcohol and recreational drug use, also any history of addictions or substance abuse.
6. Any significant untreated or incompletely treated psychiatric illness.
7. Provide details of depression, suicidal tendencies, eating disorders, compliance issues
8. Provide details of comprehension of the surgery and the ability to make lifestyle changes.
9. Provide details of compliance in diet, exercise, and lifelong vitamins and follow up.
10. Is the patient reliable? Will he/she be compliant with postoperative instruction?
11. Does the patient understand that noncompliance puts the patient at risk for complications?
12. Does the patient have realistic expectations and understand that numerous complications can occur?
13. Does the patient have adequate support?
14. Is the patient capable of giving informed consent?

#### **Neuro-Psychiatric**

Depression?	Because of obesity?	Requiring medication?
Seizures?	Requiring medication?	
Severe headaches?	Requiring medication	
Visual problems?		
Been in counseling?		
History of alcohol abuse ?	How long have you been sober?	
History of drug abuse ?	How long have you been clean?	
Eating disorder?	Bulimia?	Anorexia Nervosa?

#### **Social**

Describe the patients work and home life (family members, etc.)

Sincerely,

Dr Andrew Averbach MD and Isam Hamdallah

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