



The Bariatric Surgery Program
Tel: 216-844-5961

❖ ***PLEASE PROVIDE THIS INFORMATION TO YOUR PSYCHOLOGIST AT THE TIME OF YOUR APPOINTMENT***

Behavioral Evaluation Requirements for Bariatric Surgery

Behavioral evaluation must include, but is not limited to:

1. Does the patient's psychiatric diagnosis contraindicate gastric bypass surgery or lead to a poor prognosis?
2. Is this patient sufficiently able to understand and adhere to a behavioral management plan postoperatively?
3. Is this patient intellectually able to understand the risks and realistic goals of the surgical procedure?
4. Is it likely that this patient will be able to develop and utilize impulse management techniques to address coping with food cravings?

Additional information that may be included in the evaluation:

1. A current behavioral health summary, including current stressors, relevant history, overall psychological functioning.
2. Is the patient currently a risk to self or others?
3. Current behavioral health treatment including psychiatric medication
4. Past behavioral health treatment of any type
5. Family history of mental illness
6. Objective mood assessment
7. History of healthy dieting/weight loss maintenance. Correlates to healthy weight/loss maintenance; triggers for relapse
8. History of exercise regimen/physical activity compliance (under what conditions)
9. Strategies to manage food (i.e. chewing/spitting of food, clinically significant emotional eating with lack of insight, compulsive exercise, diet pills (OTC or prescribed), diuretic abuse, insulin abuse, laxative abuse, nocturnal hyperplasia, prolonged fasting, etc...)
10. Family history of eating disorders including obesity
11. Objective eating assessment tools
12. Patient has basic understanding of nutrition and post-op requirements (including eating schedule, supplements, intake limits)
13. Patient has basic familiarity with others who have had procedure (infection, dehiscence, leakage, ulcers, etc...)
14. Any intellectual, personality, lack of support/family distraction, insufficient motivation, addiction proneness, unwillingness to comply with recommendations that would cause a barrier to successful surgical adjustment.

