Appendix E
Bariatric Surgery Evaluation

NAME: __________________ DICTATION:__________________
MR#: __________________

CONSULTATION LIASON CONSULT TEMPLATE: BARIATRIC
IDENTIFYING INFORMATION
___________ is a ________ year old boy/girl who was referred by
___________ to assess psychological preparedness for bariatric surgery
for morbid obesity.

SOURCES OF INFORMATION

History of Present Illness

• Weight history (e.g., how old when became overweight/obese; high
  and low weights at current height; rate of weight change; periods of
  significant weight fluctuation)

• Diet history (types of diets, weight loss on each diet/weight re-gain;
  24-hour recall)

• Use of diet pills/laxatives/vomiting

• Binge eating history (e.g., have you felt out of control while eating,
  have you ever ate more than what would be considered normal, check
  for vomiting after binging)
• Night eating (e.g., does patient have a tendency to eat a bulk of calories at night? Note: These do not need to be binges, but can be.)

• Emotional eating (eating comfort foods when sad, stressed, etc.)

• Frequency of eating out; include specifics on fast-food versus meals and types of meals

• Past exercise history

• Current exercise

• Screen time (e.g., time spent on television, video games, and computer)

• Current health problems caused by weight

• Weight Clinic history (e.g., when started, what lifestyle changes were recommended and how well they followed them – diet and exercise; any changes they made on their own)

• Consequences to being overweight (medical, social, psychological)

• Screen for symptoms of depression, anxiety, OCD, mania, psychosis

• Coping mechanisms: religion, denial, avoidance, resources
PAST MEDICAL HISTORY

- Developmental History
  1. Pregnancy and Delivery
  2. Infancy and Temperament
  3. Developmental Milestones
  4. Feeding
  5. Sleep
  6. Toilet Training
  7. Emotional Development: attachment, affect regulation, frustration tolerance, separation anxiety

- Medical History: diagnoses, treatment compliance history, experience with invasive medical procedures, past experience with pain management (e.g., procedural anxiety; “how are you with pain?”)

MEDICATIONS

ALLERGIES

PAST PSYCHIATRIC HISTORY

Current or past psychiatric treatment including hospitalizations, outpatient treatment, pharmacotherapy

SUBSTANCE ABUSE HISTORY

Current or past history. Comment if no history.

SOCIAL HISTORY

From _____________

HOUSEHOLD MEMBERS

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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Employment</th>
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PARENT’S MARITAL STATUS

___ Single/Never Been Married
___ Married        How long? ____________ Conflict? ____________
___ Divorced       Child’s age? _____ Visitation with other parent? _____
___ Remarried      How many times? When? To Whom? ________
• Family History (Current Living Situation/ Family Relationships; Discipline)

• School/Academic Performance

**SCHOOL INFORMATION**

School ___________________ Grade ______________ Likes School? Yes So-So No
Current (or recent) Grades ________________________________
Grade Failures/Repeats (why?) ________________________________
Change in Academic Performance (How? When?) ________________
Special Education: No Yes ________________________________
Suspensions ________________________________
Expulsions ________________________________
Homework Problems: Stalls Sloppy Argumentative Disorganized No-turn-in
Behavior Problems: Aggressive Talking Out-of-seat Disobeys-rules Withdrawn
Daydreams ________________________________

• Employment history

• Peer Relationships (friends, significant others)

• Trauma Exposure

• Sexual History/Risk Taking Behaviors (including acting-out behaviors)

**FAMILY MEDICAL AND PSYCHIATRIC HISTORY**

• Family Medical History
• Family Psychiatric History: Current or past psychiatric treatment including hospitalizations, outpatient treatment, pharmacotherapy; substance abuse history; History of domestic violence, CPS involvement, legal problems

• Family weight history

MENTAL STATUS EXAM

Physical Appearance: Grooming and hygiene; Presence of pain

Behavior: Reaction to examiner; Degree of cooperation; Unusual behaviors; Frustration tolerance; Eye contact

Cognitive Functioning: Orientation; Attention; Insight; Judgment

Motor: Gait; Activity level; Coordination; Tremors; Tics

Speech and Language: Rate; Fluency; Quality; Productivity; Intelligibility; Spontaneity; Echolalia

Thought Processes: Linearity; Tangentially; Loosening of associations; Flight of ideas; Thought blocking

Thought Content: Ideas of reference; Thought insertion; Thought broadcasting; Delusions (paranoid, grandiosity); Body image distortion; Suicidal ideation; Homicidal ideation

Perceptions: Illusions; Hallucinations

Affect: Depression; Anxiety; Neurovegetative symptoms (sleep, appetite, weight change, diurnal variation in mood)

UNDERSTANDING OF BARIATRIC SURGERY

• Type of procedure

• Understanding of the procedure

• Risks/complications (list the ones the patient identifies—bleeding, infection, death, leak/stricture, pouch could stretch)
• Changes in diet and exercise will need to make (and understanding that these are lifelong changes)

• Where patient has obtained information

**EXPECTATIONS OF BARIATRIC SURGERY**

• Goal weight

• How surgery will help them (physically, psychologically, socially)

• What they think will be the most difficult thing

• How confident are they in ability to follow through

• Concerns about post-surgery (e.g., excess skin, can’t eat certain foods, emotional adjustment and how they cope with it)

**SUPPORT FOR BARIATRIC SURGERY**

• Who will support them

• How will they comply with follow-up appointments (e.g., who will drive), dietary supplements, exercise plan

• How they cope with problems
ASSESSMENT AND FORMULATION

___________ is a _____ year old boy/girl with a history of morbid obesity currently being assessed for bariatric surgery. A consultation was requested by __________ due to assess __________’s psychological preparedness for surgery. (Significant past psych history – e.g., depression, purging, etc., understanding of the surgery, do they have realistic expectations, what is their support like, etc.)

DIAGNOSES

AXIS I
AXIS II: (Deferred)
AXIS III
AXIS IV
AXIS V: (CURRENT GAF)

RECOMMENDATIONS

No psychiatric contraindication to bariatric surgery
Therapy if adjustment issues post-surgery
Further individual & family psychiatric evaluation to be completed by psychiatry services
Individual or family psychotherapy due to ...
Psychopharmacology intervention
Behavior modification program
Referral to Social Work for assistance with resources
Referral to Chaplaincy for spiritual and religious support
Referral to Nutritionist/PT for continued education

DIAGNOSTIC CRITERIA

ADHD

Inattention (distractibility, poor concentration, no follow-through), Impulsivity (act/say without thinking, difficulty awaiting turn), Hyperactivity (restlessness, fidgeting, out of seat, inappropriate activity level).
ODD
Argues with Others, Defiant, Blames Others, Annoying or Annoyed, Irritable, Angry, Vindictive, Destroys

Conduct Disorder
Legal Problems, Lying, Stealing, Starting Fights / Weapons, Running Away Overnight, Leaving House after Dark without Permission, Setting Fires, Cruelty to Animals/People

Depression
Sadness, Crying, Anhedonia, Sleep Problems, Appetite Change, Psychomotor Retardation or Agitation, Fatigue, Irritability, Poor Concentration, Suicide Ideation

Anxiety
Fears, Phobias, Excessive Worrying, Separation Issues, Tense/Agitation, Obsessions, Compulsions, Shyness

Other Criteria (e.g., eating disorder, substance abuse/dependence, mania, elimination disorder, sexualized behavior)