



## **Weight Management Lifeskills Program**

### **Behavioral Health Initial Assessment**

This basic psychological information will be used to determine appropriateness for case management and to evaluate the patient's potential barriers to a good health outcome.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

A: Does the client state any ongoing psychological conditions, history of abuse, eating disorders, or compliance issues?

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B: Can the client identify the connection between emotions and eating?

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C: Is the client willing to continue psychological counseling to prepare for and adjust to long-term weight loss?

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D: Do there appear to be any barriers to therapy at this time?

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Mental Health Provider Signature \_\_\_\_\_