



Weight Management Lifeskills Program Behavioral Health Progress Report

To be completed at the point of readiness for surgery

Patient: _____ Physician _____ Date: _____

DSM-1V codes Axis 1 _____ II _____ GAF _____

(With specific attention to eating disorders)

A: How does the client describe what weight loss surgery will do for him/her?

B: What quality of life is the client expecting after surgery?

C: Does the client seem to understand the physical and mental health risks of weight loss surgery that are a real possibility in *their* case?

D: What are the client's emotional triggers to eating?

Behavioral Health Progress Report cont'd

Patient Name _____

E How does the client plan to cope with these feelings after surgery?

F. Is the client engaged in making lifestyle changes?

G. Does the client seem ready to make a lifetime commitment to these changes?

H: Is the client's environment adequate to support him/her?

I: Does the client have extra stressors or excessive responsibilities at this time? If so, how will the client manage them?

J: Is the client prepared to face the changes that may occur in their relationships?

K: Have you established a therapeutic relationship with this client?

Behavioral Health Progress Report cont'd

Patient Name _____

L: Does the client understand and accept the possible need for ongoing therapy?

M: At this point do you see any unresolved issues that need to be addressed before surgery?

N: Comments and/or plan

_____ has demonstrated a readiness and willingness to make the necessary behavioral changes associated with bariatric surgery and continued weight management. I am able to support a decision to proceed with bariatric surgery.

Provider Signature

Print Name _____

Date _____