



The Foundation

HUMBOLDT-DEL NORTE FOUNDATION FOR MEDICAL CARE

A partner in the delivery of medical care in Humboldt and Del Norte Counties since 1963

Weight Management Lifeskills Program Behavioral Health Progress Report

To be completed at the point of readiness for surgery

Patient: _____ Physician _____ Date: _____

DSM-IV 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?

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

Patient Name _____

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?

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

Behavioral Health Progress Report cont'd

Patient Name _____

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 _____