The Multicultural Counseling and Testing Center

371 Morris Ave, 2nd fl
Elizabeth, NJ 07208
Phone: 973-652-2753 Fax: 908-248-0760
mcounselingtc@gmail.com
www.multiculturalnj.org

Psychological Evaluation for Bariatric Clearance

Please fax or email this form and we will contact you for an appointment!

Patient Name: _____ DOB: _____ Today's Date: _____

Patient's phone number: _____ Cell _____ Gender: _____
Referring Physician: _____Phone:_____
Address: _____
Email:_____
Type of bariatric surgery:

_____
Projected date of surgery:_____

<u>Medical Comorbidities (Check all that apply.)</u>

- ☐ Atherosclerotic heart disease
- ☐ Congestive heart failure
- ☐ Coronary artery disease
- ☐ Degenerative joint disease
- ☐ Diabetes mellitus
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Sleep apnea
- ☐ Stroke
- ☐ Others: _____
- ☐ Others: _____
- ☐ Others: _____
- ☐ Others: _____
- ☐ Others: _____
- ☐ Others: _____
- ☐ Others: _____

Past or current Psychiatric History (hx) and Treatment:
Diagnosis:

_____
Duration of Treatment:

_____
Current Symptoms interfering with healthy weight including emotional eating (if any):

_____
_____
_____
_____
_____

Client's Insurance ID#: _____

Insurance: Medicare ☐ Blue Cross Blue Shield ☐ Aetna ☐ Qualcare ☐ Magna Care ☐ Tricare ☐ Cigna ☐ United (if you have out of network benefits) ☐ Other:_____ Self-Pay ($1,500.00 for eval and report writing) ☐