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Jeff Gedney, PsyD
Khalil Sakalla, PhD
Ronda Jordan, PsyD
Beth Hammons, PhD
Vincent Schroder, PsyD
Charlotte Bassett, LCSW



**Integrated Psychological
Services, LLC**

*Evaluation, Treatment & Management
of the Psychological Effects
of Pain, Illness and Distress*

Main Office:
2631NW 41st St, E-5
Gainesville, FL 32606
Mail:
POB 358742
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Office: 352.339.4008
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Email: www.ipsyservices.net

Service: **Psychological Evaluation for Weight Loss Surgery**
Service Date: November 30, 2017
Bariatric Patient: Samantha Sample
DOB / Age: 01/01/1901 Age XX
Address: 300 Something Way
Somewhere, FL 32000

Insurance: Medicare _____
Co-pay collected = 0

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Center for Obesity Surgery and Treatment

6400 W Newberry Rd # 106
Gainesville, FL 32605

Service: **Psychological Evaluation for Weight Loss Surgery**
Service Date: November 30, 2017
Bariatric Patient: Samantha Sample
DOB / Age: _____ Age XX
Address: 300 Something Way
Somewhere, FL 32000

Dear Colleague,

I had the opportunity to assess the above-named patient on November 30, 2017. At present, there are no psychological contraindications for bariatric surgery. Ms. Sample presents as sincere, kind, highly motivated and emotionally stable, while coping with understandable stress and anxiety. She had no history of severe psychopathology, and some history of mood dysregulation and outpatient psychiatric care, ongoing. She is currently prescribed aripiprazole and Wellbutrin and followed by _____ in _____. Her living situation is stable. She has social support, good medical support and is highly motivated by the prospect of qualitative improvements, for example, being less winded when she goes through her day and being better able to walk in the woods with her granddaughter. Given her history of emotional issues and degree of physical impairment, close observation and sensitive communication are recommended, especially post-surgery. Referral for counseling and psychotherapeutic support would not be unreasonable should Ms. Sample encounter challenges. If I may be of any further assistance, please do not hesitate to contact me.

Kind Regards,

A handwritten signature in black ink, appearing to read 'V. Schroder', written in a cursive style.

Vincent Schroder, PSYD
Clinical Psychologist PY6063

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Psychological Evaluation for Weight Loss Surgery

Service Date: November 30, 2017

Bariatric Patient: Samantha Sample

DOB / Age: 03/02/1901 Age XX

Referral: The above-named patient of Dr. ____ stands 5'7", weighs 282 pounds and appears older than her age. Based in consultation with her surgeon, she is pursuing gastric bypass surgery. Multiple comorbidities include GERD, hyperlipidemia (past five years), hypertension (past 10 years), hypothyroidism (prescribed levothyroxine for the past year), anemia, headaches, apnea, COPD, membranous glomerulonephritis, arthritis with chronic pain, especially in her knees and anxiety (prescribed lamotrigine and Wellbutrin). Previous procedures are cesarean section, tubal ligation, breast biopsies and lumpectomy, and appendectomy.

Motivation: Motivation is strong, and based in her hope for possible health improvements (she currently takes 20 pills per day), decreased pain and better quality-of-life. She very much hopes to be able to return to hiking, which she loves to do with her granddaughter. At this point, getting in and out of the tub and washing her hair require exertion and increased inhalations. Ms. Sample has researched the procedure, is active with the Facebook gastric bypass support website, and knows somebody who had the surgery, who is ready to provide information and support.

Mental Status: Demeanor was kind, sincere, unremarkable in terms of basic reality contact, orientation, mood and cognition.

Personal / Family History: Born and raised by adoptive parents in ____, she relocated to the Gainesville area at age __ and has lived here since. She is twice married and divorced. She lives with her daughter, __-year-old granddaughter and __-year-old grandson. She helps out with the kids and also with her daughter who has a __ disorder. There are no plans to make any major changes in the near-term.

Education/Job History: Ms. Sample dropped out of school and began working in __th grade. Jobs have included work in delis, cashiering, work at a reptile farm and jobs in fast food. Due to kidney problems in 2011, she stopped working. She receives SSI due to her severe health problems and inability to work. Ms. Sample misses working and hopes to be able to return in some form in the future.

Obesity History: "Tall and skinny" growing up, she was 135 pounds and 5'8" at age 18. During her 20s she weighed approximately 140 pounds. At one point in her 40s she decreased from 160 to 135 pounds, by way of an extreme no carb diet.



Subsequently kidney and other health problems coincided with cumulative, incremental gains. Her current weight of 282 pounds is a lifetime maximum. Maladaptive eating behaviors include excessive between meal grazing, high salt food, minimal walking and being overly sedentary.

**Mental Health
 History:**

This patient endorses a history of emotional struggles, with a diagnosis of bipolar disorder at one point in her 40s. She recalled struggles with bursts of anger, often with no clear causation and trials of quetiapine and aripiprazole. She is currently prescribed lamotrigine and Welbutrin, and active with _____ (for mental healthcare) in _____. She has no history of suicide attempt or Baker Act, and from the sounds of it no history of alcohol, prescription medication or illicit drug addiction—no DUIs or rehab. Miss Sample stated that she can calm herself down and in general does not have extreme mood swings.

Testing Data:

Below are subscale scores from the Millon Behavioral Medicine Diagnostic. Results were consistent with history and interview, with prognostic risks noted. These statistical figures highlight the importance of sensitive observation and communication, especially following surgery to assist the patient in establishing a sense of control in the face of struggles or surprises. Additional meetings with her bariatric dietician or surgeon should be provided should her emotional stability ever waver, and referral to a mental health professional made accordingly.

Medical Health Locus of Control % Rank
 Local Female Population

Category	Adjusted Scale Score	Average (n= ##)
Internal Control:	37%	71%
Random Chance:	27%	19%
External Control:	73%	55%
Doctors:	78%	73%
Important Others:	23%	27%
N=		368

¹ Reported as % of possible 30 points within each scale, weighted for direct comparison
 ** ± 2 standard deviation

MBMD %ile Rank, Local Female Population
 55 Years of Age and Younger

Perceived Stressors

Illness	Functional	Pain	Social	Future
93 *	95 *	91 *	33 ?	27 ?

Methods of Coping

Cooperate	Opposition	Denigrated	Dejected	Inhibited
23 ?	52 ?	53 ?	42 ?	28 ?

Psychiatric Characteristics

Anxiety	Depression	Guarded	Emotional	Cognitive
63 ?	78 ?	66 ?	54 ?	74 ?

Treatment Prognostics

Intervention	Information	Utilization	Problematic	Adjustment
91 *	72 ?	80 ?	45 ?	99 *

* Clinically meaningful score
 ? 15th %ile or 85th %ile

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Best Practices: Per best practices, should this patient encounter any future difficulties in adhering to safe eating guidelines referral for mental health or dietician support would be advised.

Conclusion: At present, there are no psychological contraindications for bariatric surgery. Ms. Sample presents as sincere, kind, highly motivated and emotionally stable, while coping with understandable stress and anxiety. She had no history of severe psychopathology, and some history of mood dysregulation and outpatient psychiatric care, ongoing. She is currently prescribed aripiprazole and Wellbutrin and followed by _____ in _____. Her living situation is stable. She has social support, good medical support and is highly motivated by the prospect of qualitative improvements, for example, being less winded when she goes through her day and being better able to walk in the woods with her granddaughter. Given her history of emotional issues and degree of physical impairment, close observation and sensitive communication are recommended, especially post-surgery. Referral for counseling and psychotherapeutic support would not be unreasonable should Ms. Sample encounter challenges. If I may be of any further assistance, please do not hesitate to contact me.

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