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Jeff Gedney, PsyD
Khalil Sakalla, PhD
Ronda Jordan, PsyD
Beth Hammons, PhD
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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
Gainesville, FL 32635-8742
Office: 352.339.4008
Fax: 866.384.4779
Email: www.ipsyservices.net

Re: **Psychological Evaluation for Weight Loss Surgery**

Service Date: March 20, 2022

Patient name: **Elle Example**

DOB / Age: _____ / _____

Insurance: Florida Blue

Address: _____

Co-pay collected: \$0

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Center for Obesity Surgery and Treatment
6400 W Newberry Rd # 106
Gainesville, FL 32605

March 13, 2022

Re: **Psychological Evaluation for Weight Loss Surgery**

Service Date: March 17, 2022

Patient name: **Elle Example**

DOB / Age: _____/_____

Dear Colleague,

I had the opportunity to meet with Ms. Example (via telehealth) in order to complete a psychological screening evaluation for weight loss surgery. No psychological contraindications were evidenced by evaluation. Ms. Example presents as high functioning, well-informed and with good social supports. As mentioned, she cites both clear, objective motivations (debilitating back pain, familial risk of diabetes) and also a determination to continue consulting with a bariatric dietician and evaluating permanent eating/lifestyle changes required for long-term success before deciding to go forward. This approach underscores how well-informed and resolved she will be once she finalizes her decision. 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'. The signature is fluid and cursive, with a large initial 'V'.

Vincent Schroder, PSYD
Clinical Psychologist PY6063

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Weight Loss Surgery Psychosocial Screening Evaluation

Re: **Psychological Evaluation for Weight Loss Surgery**
Service Date: March 17, 2022
Patient name: **Elle Example**
DOB / Age: _____/ _____

Referral

The above-named client is considering sleeve gastrectomy surgery for treatment of morbid obesity. _____, MD is the surgeon. Presently, there is no history of prediabetes or hypertension. Ms. Example cites hyperlipidemia (one year, medicated), lower back pain, left knee pain, plantar fasciitis. Orthopedic causal factors include injuries, possibly genetic, as well as obesity. There is a remote history of tonsillectomy age 3, and about nine years ago, of three uterine ablation procedures and plastic surgery to eyelid augmentation (5 years ago). Bupropion is prescribed for anxiety by her PCP, Dr. _____. Ms. Example explained that originally (six years ago), she was sometimes 'weepy'.

Motivation

Ms. Example describes wanting to lose weight for fifteen years, and how she is both determined and cautious. She continues to have a feeling she should be able to lose weight without surgery. Her confidence in the procedure is strong, but she wants to be very sure that she is ready to alter her lifestyle forever, to be successful. She will only move forward when she is completely ready. She cites friends who've completed the process with good results, and her plans to continue to meet with a bariatric dietician before she makes up her mind. Overall, health, quality of life, movement, back pain and the ability to ambulate, reduced risk for diabetes are major factors. There appear to be maternal genetic risk factors.

Mental Status & Demeanor

There were no gross abnormalities in mood, memory or cognition. Demeanor was honest, warm, fact-based, down to earth. Ms. Example was able to provide clear answers to all questions.

Obesity History

Historically, Ms. Example was very active, sports-oriented, for example, she engaged in snow skiing, volleyball, and other sports. At age 18, she was 5'6" 120, and remained in good condition (about 125-140 pounds) into her 30s. Around age 35, she relocated to _____. The culture there entailed "no more sports", and lots of sedentary behaviors, "drinking beer and eating Cajun food". She tried Nautilus/cycling but suffered a knee injury. At age 45, perimenopause prompted further gains. Weight was 170 five years ago, and there's been an increase of about 30 pounds in the past year. Currently, Ms. Example is 257, a lifetime maximum.

Psychosocial: Personal/Family

Born at the _____ in _____, the family then lived in _____ for six yrs. After a brief return to _____, the family moved to Florida. At age eight, they resided in _____

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_____, and subsequently moved to _____, Florida, two years later. She completed high school in Bell, and then was married (age 18) for one year. She “had to leave the house”, alluded to her father as harsh and demeaning. An MVA occurred at this time, contributing to anxiety. She did one semester of college, dropped due to “severe anxiety”, mentioning that her parents would not back her up. Across early adulthood, she lived in _____ a few years, then back to Gainesville, then _____, then _____, then _____ for seven years, then back to Gainesville when her dad fell ill. She remained “happily single” for a long span, only meet her current husband 4 yrs ago. There have been no pregnancies. She and her husband own and live on several acres in Bell.

Since high school, she has worked for multiple dentists as a dental assistant. She did several long stints with _____ in Gainesville, FL. More recently, she was a hair stylist for two years. In 2020, she quit dentistry and recently started a dog grooming business at her house. She likes the work, prefers not to be too busy, or stressed, in part due to back pain.

Mental Health

There are no previous arrests, Baker Acts, attempts to overdose or self-harm. Ms. Example endorses a long history of mostly mild anxiety. She recalled some remote, intermittent panic episodes (many years ago), and some struggles with crying that prompted her to see medications six years ago. Perimenopause was also a causal factor. Anxiety has never interfered with working in various demanding contexts.

Psychological Testing

The Millon Behavioral Medicine Diagnostic was administered and normed against a local sex matched sample of individuals screened for weight loss surgery. As indicated, this patient seeks evaluation while continuing to deeply weigh all that’s required in terms of altering her lifestyle and eating, for the rest of her life. This serious, cautious approach is commendable and reflected in the results, consistent with this perspective. Results, combined with clinical history and presentation, were not suggestive of prognostic risk.

**Medical Health Locus of Control % Rank
 Local Female Population**

Category	Adjusted Scale Score¹	Average (n= 455)
Internal Control:	80%	71%
Random Chance:	13%	19%
External Control:	60%	55%
Doctors:	79%	73%
Important Other:	10%	27%
	N=	455

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

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

Perceived Stressors

<i>Illness</i>	<i>Functional</i>	<i>Pain Sensitivity</i>	<i>Social Isolation</i>	<i>Future Pessimism</i>
26	59	54	79	70

Methods of Coping

<i>Cooperate</i>	<i>Oppositional</i>	<i>Denigrated</i>	<i>Dejected</i>	<i>Inhibited</i>
21	39	30	36	46

Psychiatric Characteristics

<i>Anxiety- Tension</i>	<i>Depression</i>	<i>Guarded</i>	<i>Emotional</i>	<i>Cognitive</i>
24	38	38	21	28

Treatment Prognostics

<i>Interventional</i>	<i>Information</i>	<i>Utilization</i>	<i>Problematic</i>	<i>Adjustment</i>
20	77	76	88 *	69

* = Clinically meaningful score (15th %ile or 3rd 85th %ile)

n = 208
 DelW0322

Best Practices

Referral to a mental health professional and/or bariatric dietitian would be prudent should this patient encounter any problems with adherence to post-surgical eating guidelines.

Conclusion

No psychological contraindications were evidenced by evaluation. Ms. Example presents as high functioning, well-informed and with good social supports. As mentioned, she cites both clear, objective motivations (debilitating back pain, familial risk of diabetes) and also a determination to continue consulting with a bariatric dietician and evaluating permanent eating/lifestyle changes required for long-term success before deciding to go forward. This approach underscores how well-informed and resolved she will be once she finalizes her decision. If I may be of any further assistance, please do not hesitate to contact me.

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