



**HEALTH AND BEHAVIOR ASSESSMENT**

**NAME:** xxxxxxxxxx

**DOB:** mm/dd/yy

**EVALUATION SESSIONS:** mm/dd/yy, mm/dd/yy

**PSYCHOLOGICAL TESTING:** mm/dd/yy

**REPORT DATE:** mm/dd/yy

Height: x' x"	Reported Weight: xxx lbs	BMI: xx	Anticipated Weight: xx to xx lbs
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**IDENTIFYING DATA:**

**REASON FOR PURSUING SURGERY:**

**DIAGNOSTIC IMPRESSIONS:**

Axis I – Clinical Disorders:

Axis II – Personality Disorders:

Axis III – Medical Conditions, by patient report:

Axis IV – Reported Psychosocial and Environmental Problems/Stressors:

Axis V – Global Assessment of Psychosocial and Occupational Functioning on a continuum of mental health (not physical health):

**CONCLUSIONS**

1. ***Recommendations:***
2. ***Current Treatment Plan and Aftercare Plan:*** .

A.

***Special Needs or Precautions:***

**HISTORY OF PRESENTING ILLNESS:**

***Previous Attempts at Disease Management:***

*Faulty Cognitions and Misattributions:*

*Eating Disorder-Related Behaviors:*

*Self-Esteem:*

**MASTERY OF BEHAVIORAL GUIDELINES FOR DISEASE MANAGEMENT**

*Day and Night Routine:*

*Boundaries and Limit Setting:*

*Self-Care and Treatment Adherence:*

**SUBSTANCE USE**

*OTC and Prescription Medications:*

*Nicotine:*

*Alcohol:*

*Illicit Substances:*

*Stress Management and Coping Skills:*

*Other Impulsive/Compulsive Tendencies:*

*Physical and Leisure Time Activities:*

**TYPICAL EATING PATTERN AND FLUID INTAKE:**

**PSYCHIATRIC HISTORY:**

**MEDICAL HISTORY**

*Allergies/Sensitivities:*

*Prenatal Complications, Birth Trauma, Unusual Birth Weight:*

*Head Trauma, Concussion, Extremely High Fevers, Seizures:*

*Thyroid Function: .*

*Hospitalizations and Surgeries:*

*Current Medications:*

*Vitamins/Supplements:*

*Family Planning:*

*Activities of Daily Living (ADLs):*

*Attitudes, Fears, or Concerns Regarding this Surgery:*

**FAMILY HISTORY**

*Medical:*

*Psychiatric/Substance Abuse:*

**SOCIAL AND DEVELOPMENTAL HISTORY:**

*Traumatic Life Events and Abuse/Neglect history:*

*Educational History:*

*Current Living Situation, Partner, and Children:*

*Religious Orientation:*

**TWO YEAR GOALS:**

**PSYCHOLOGICAL TESTING:**

**MENTAL STATUS:**

*Self-Perception of Readiness for Surgery:*

**SUMMARY OF CURRENT FINDINGS:**

1. *Understanding, Motivation, and Compliance:*
2. *Psychological Formulation:*

CC:     XXXXX  
          XXXXX