Timothy V. Coy, Ph.D. 33530 First Way S #102 Phone 206.931.3793

Clinical Psychologist Federal Way, WA 98003 Fax 206.666.4240

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Medical Psychology Services

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Date: {**dateOfFax}**

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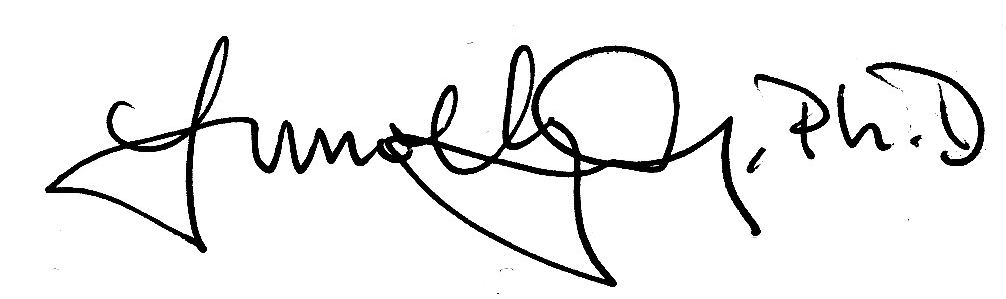
Subject: {**patientFirstName}**{**patientLastName}** ; {DOB}

To: {**referringProvider}, {referringFacility}**

Fax: {**referringFacilityFax}**

Message:

{referringProvider} – please feel free to contact me regarding the attached report should you have any questions. Thank you for this referral.



Clinical Psychologist

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{currentDate}

{referringProvider}

{referringFacility}  
{referringAddress}

{referringCityState}

RE: **{**patientFirstName} {patientLastName**}**

{DOB}

Dear **{referringProvider}**, 1

It is my understanding that **{**patientFirstName} {patientLastName**}** , a {Age}-year-old obese{gender}, is a candidate for bariatric surgery. I conducted a presurgical psychological evaluation with this patient on{evalDate}. This was a telehealth evaluation and the risks and benefits of telehealth were reviewed and consented to by this patient. The evaluation was comprised of a clinical interview, including pertinent questions from the Weight and Lifestyle Inventory, as well as the administration of a pair of psychological self-report inventories – the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder Questionnaire (GAD-7).

{genderContraction}{patientLastName} was cooperative and friendly throughout the evaluation. Rapport was easy to establish. {capPronoun}seemed alert and was oriented to person, place, date and situation. {capPossessive} speech was typical in terms of rate, rhythm and volume. {capPossessive} vocabulary and grammatical structure were within normal limits. There were no obvious difficulties in receptive language. This patient’s autobiographical memory was at least adequate, as {pronoun} seemed to recall relevant personal history without apparent difficulty. {capPossessive} thought processes were organized and logical. {genderContraction}{patientLastName} described {possessive} present mood as, “{presentMood}.” {possessive} verbal affect was consistent with this and appropriate to the situation. {capPronoun} displayed at least adequate knowledge regarding {possessive}pending bariatric surgery and {possessive} responsibilities post-surgery surrounding the indicated behavioral and lifestyle changes.

*The following section regarding this patient’s presenting concerns and relevant history are based solely on* {genderContraction}{patientLastName}*’s verbal self-report. No other sources of information (e.g. medical records, verbal or written reports from other parties) were available, nor were they requested for this evaluation.*

{genderContraction}{patientLastName} states that {pronoun} is seeking bariatric surgery for a number of reasons. First, {pronoun} is dissatisfied with {possessive}current weight of {currentWeight} lbs. (BMI = **{BMI} kg/m2,** {BMIClassification})5 and has been unable to maintain any short-term weight reduction via dietary modifications or exercise. {capPronoun} reports being overweight{owDuration}. {capPronoun} has made a number of weight loss attempts over the years, including {#weightLossAttempts}{.}{/weightLossAttempts**}**{weightLossAttemptsFreeText**}**, all with suboptimal results. {capPronoun} denies any history of purging behaviors. This patient notes that the following behavioral and emotional factors have historically contributed to {possessive} challenges maintaining a healthy body weight: {# weightChallenges}{.},{/ weightChallenges}. {certainFoodCravingsSentence}. {otherWeightChallenges}. Second, {genderContraction}{patientLastName} is seeking bariatric surgery due to {possessive} medical health concerns. Specifically, {pronoun} has {medicalIssues} and seeks to better manage this/these condition(s) via lifestyle change.{#additionalWeightLossReasons}{.}{/additionalWeightLossReasons}. {additionalWeightLossFreeText}. {capPronoun} is confident that his pending bariatric surgery will help him to reach his goal body weight of {goalWeight}. (BMI =**{goalBMI}** kg/m2, **{**goalBMIClassification}).5

{genderContraction}{patientLastName}’s medical history is remarkable for a few conditions other than obesity. As noted previously, {pronoun} has {medicalIssues}*.* {capPronoun} also has{secondMedicalIssue}. {chronicPainSentence}. {replacementSurgerySentence}.{diabetesSentence}.{capPronoun} is {sleepSatisfactionText}with his sleep quality and quantity.{sleepApneaSentence}. {hypnoticsSentence}{hypnoticsText}. {capPronoun} estimates a typical total sleep time of {tstFreeText}. {capPronoun} denies excessive daytime sleepiness and does not nap*.*{capPronoun} takes the following medications: {medications}. This patient does not use any tobacco or cannabis products, nor does he drink any alcohol. {capPronoun} enjoys about two cups of caffeinated coffee on most days. {genderContraction}{patientLastName} denies use of other substances and has no history of heavy or problematic substance use.

This patient believes that his food choices and eating behaviors are{currentEating}. {currentEatingAlt}.{capPronoun} typically consumes {numMeals} meals a day and drinks primarily water. {capPronoun} tends to snack on {snacks}. {genderContraction}{patientLastName} has recently implemented a number of positive dietary and behavioral changes, including {#eatingHabits}{.}{/eatingHabits}. {capPronoun} regularly exercises for about 20 minutes, during which time he engages in strengthening and stretching exercises. As a result of the above changes, {pronoun} has lost about {recentLoss}lbs. over the past {lossInMonths} or so.

{genderContraction}{patientLastName} has no significant concerns regarding his mental health or psychological functioning. {capPronoun} reports that his typical mood is very positive and {pronoun} is very satisfied with the overall quality of his life. {capPronoun} states, “I love my life.” {capPossessive} level of perceived psychological stress is moderately low and {pronoun} has no current life stressors. {capPronoun} appears to have robust stress management/psychological coping skills and he is comfortable with his social support resources. This patient’s mental health history is unremarkable. {capPronoun} denies any history of psychiatric diagnoses, mental health treatment, suicidality, self-harm behaviors, or psychiatric hospitalizations.

{genderContraction}{patientLastName} resides in {patientCity}, WA. {capPronoun} currently lives {livingSituation}.{capPronoun} describes his marital relationship in positive terms and notes that his spouse is supportive of his decision to have bariatric surgery. This patient is {employStatus}, {yearsOfEmploy}years. {employStatusText}. Formerly, {pronoun} worked as{formerEmploy}. {pronoun} has a{degree}, {degreeText}.

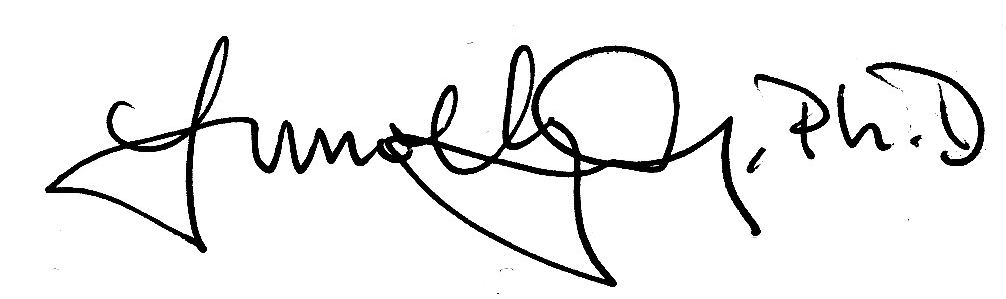
Psychological Screening Questionnaires

Test results from the Patient Health Questionnaire (PHQ-9) indicate the {genderContraction}{patientLastName} is experiencing minimal depressive symptoms.{capPossessive} total score on this inventory is well-below the cut-off suggesting clinical levels of depression. Similarly, this patient’s responses on the Generalized Anxiety Disorder Questionnaire (GAD-7) suggest that he is experiencing little to no symptoms of anxiety.

Recommendations

From a psychological perspective, {genderContraction}{patientLastName} is a favorable candidate for bariatric surgery. {capPronoun} is emotionally stable and {possessive} level of psychological functioning appears to be within normal limits. Results from psychological screening questionnaires demonstrate scores well-below clinical levels. {capPronoun} has more than adequate coping/stress management skills and he is comfortable with {possessive}social support network. This patient is cognitively intact, well-informed about {possessive}pending surgery, and has appropriate post-surgical goals. {sentenceIncluded}. {signOff1}. { signOff2}, and welcome you to contact me at your convenience should you have any questions about {genderContraction}{patientLastName} presurgical psychological evaluation findings. Thank you.

Sincerely,



Timothy V. Coy, Ph.D.

Clinical Psychologist

License # PY00002379

(206) 931-3793