

Bariatric Psychosocial Assessment

Patient Name: _____ Date of Birth: _____

Medications

Please list current medications, including over-the-counter and herbal remedies:

| Medication Name | Dosage | Frequency | Prescribed by |
|-----------------|--------|-----------|---------------|
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Are you compliant with medications? _____ N/A _____ Yes _____ No

Drug/Alcohol Assessment

Substance Abuse History (Include experimentation & accidental ingestion; include alcohol, tobacco, and caffeine)

| Drug | Method Used? | Age first used | Age last used | Amount used daily/weekly | Was this a prescription first? | Drug of choice? |
|------|--------------|----------------|---------------|--------------------------|--------------------------------|-----------------|
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Do you ever drink or drug more than you intend? _____ No _____ Yes

Triage Family History

Were your parents ever divorced or separated? (yes/no) If **yes**, how old were you? _____

Who was your primary caregiver? _____

Is there any known family history of mental illness or substance abuse? (yes/no)

If **yes**, describe impact on you: _____

Were there any cultural and/or social issues that impacted you in childhood? (yes/no)

If **yes**, describe: _____

Relationships

Have you ever been married? _____ If **yes**, how many times? _____

Duration of marriages(s) _____ Current marital status: _____

If married, how do you describe your relationship with spouse? (Good/Fair/Poor/N/A)

Comments: _____

If **not** married, are you currently in a relationship? _____ If **yes**, how long? _____

How do you describe your current relationship? (Good/Fair/Poor/N/A)

Comments: _____

In previous relationships, name precipitating factors leading to dissolution of these relationships:

Do you have any children? _____

How do you describe your relationship with the children? (Good/Fair/Poor/N/A)

Comments: _____

Abuse History

Do you have a history of being abused:

As an adult? (yes/no)

As a child? (yes/no)

- Verbal Physical Emotional Sexual Neglect Exploitation

Explain:

Are you currently being abused?

- Verbal Physical Emotional Sexual Neglect Exploitation

Explain:

Spiritual & Cultural Issues

Were you raised in any particular religious faith? _____ If **yes**, which one? _____

Are you a member of a religious faith? _____ If **yes**, which one? _____

Do you believe in a higher power? _____

Are your spiritual beliefs a support to you? (yes/no) _____

Are there any specific cultural, ethnic, or religious beliefs/practices you would like to have considered in treatment? (yes/no)

If **yes**, explain: _____

Educational Status & History

Current/Highest grade completed: _____

Special education, discipline problems, etc: _____

Employment Status & History

Current and past employment history:

Do you have any difficulties at your job? (yes/no)

If yes, please describe:

Activities Information

Activities you like to do in your free time:

Hobbies or skills:

Personal strengths or positive qualities:

Personal weaknesses or negative qualities are:

You spend free time with:

Family: Friends: Co-Workers: Alone: Other:

Risk Behaviors

Have you participated in and/or currently participating in:

___ Cutting ___ Head banging ___ Poor or dangerous relationships

___ Anorexia/ Bulimia ___ Risk taking ___ Other self-injurious behavior

___ Other:

If yes to any above, please explain:

Eating Habits

Please list all weight loss plans you have previously used:

What was your most successful weight management plan in the past?

What caused it to fail?

Have you had a pattern of eating to the point of vomiting?

Are you a nocturnal (eating at night) eater?

Are you an emotional eater?
