

LIFESPAN COUNSELING ASSOCIATES

1195 Meadow Bridge Dr.

PO Box 340398

Beavercreek, Ohio 45434-0398

(937) 426-2079

(937) 426-0211 fax

We at Lifespan Counseling Associates are pleased that you've considered our services to provide an evaluation to consider your appropriateness for bariatric surgery.

Bariatric surgery evaluations are covered by most insurance companies. Please call your insurance company to obtain preauthorization prior to your appointment with us. Before your first appointment with us, you should have had a pre-surgery group meeting with your surgeon and you should review the information his office provides you regarding your surgery.

The evaluation consists of an appointment that can last as long as 4 hours. During the first part of the evaluation, you will be interviewed to gather information related to your surgery. The second part of the evaluation will last approximately three hours and will include psychological testing to determine your cognitive ability to understand the procedures for your surgery and post-operative recovery/compliance; your level of depression; and your general psychological makeup, including any problems you may be experiencing that may interfere with your treatment. A report will be sent to your surgeon within a week of your evaluation.

Please complete the attached forms and bring them with you to your appointment.

Our office is located in Beavercreek on Meadow Bridge, which runs off of Dayton-Xenia Rd, just east of the Kroger Plaza. Turn at the light at McDonald's.

Please call our office if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Dene S. Berman, Ph.D.".

Dene S. Berman, Ph.D.

LIFESPAN COUNSELING ASSOCIATES

ADULT BARIATRIC INTAKE FORM

This form was completed by: _____
Date: _____ Source of Referral: _____

=====

1. Patient Name: _____ Age _____ Date of Birth: _____
Address: _____ City: _____ ST _____ Zip: _____
Telephone: _____ Education: _____ SS# _____
Employer: _____ Work Phone: _____
Cell Phone: _____

2. Marital Status: (circle one of the following): single married widowed divorced separated
If married, spouse's name: _____ age: _____ dob: _____
spouse's occupation: _____ employer _____ work phone _____
SS# _____ Cell Phone _____

3. If applicable, children's:
Name: _____ Age: _____ Sex: _____ Living at Home? Y N
Name: _____ Age: _____ Sex: _____ Living at Home? Y N
Name: _____ Age: _____ Sex: _____ Living at Home? Y N
Name: _____ Age: _____ Sex: _____ Living at Home? Y N
Does anyone else live in the home? _____

7. In case of emergency, who should we call? Name: _____
Relationship: _____ Phone: _____

FINANCIAL POLICIES AND AGREEMENTS

Thank you for your interest in Lifespan Counseling Associates. We believe that it is important to discuss financial arrangements up front so that our relationship with you is direct and avoids any misunderstandings. Our fee for bariatric evaluations is \$150.00 for the interview and \$520 for the testing and report for a total of \$670.00. As a courtesy, we will help you process your insurance forms; however, you are responsible for any charges not covered by insurance. You are expected to pay any insurance co-pays at the time that service is delivered. Any services not paid by your insurance company within 60 days of submission are your responsibility to pay. If it is necessary to send your account to collection, you are responsible for all collection fees plus 1 ½% interest per month.

I consent to Lifespan Counseling Associates using and disclosing my protected health information to carry out treatment, payment, or health care operations for myself or my child. If this treatment is for a minor, I am a parent or guardian who is legally permitted to authorize treatment. I understand and have been provided with a Notice of Privacy Practices, which provides a more complete description of how my protected health information may be used or disclosed. I understand that I have the right to review the notice prior to signing this consent. I understand that Lifespan Counseling Associates reserves the right to change their notice and information practices and that I may obtain a copy of the revised notice by requesting a copy from the office staff. I have the right to revoke this consent by notifying Lifespan Counseling Associates in writing, except to the extent that Lifespan Counseling Associates has taken action in reliance on my consent.

I understand that my records are protected under the applicable state law governing health care information that related to mental health services and under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, and can not be disclosed without my written consent unless otherwise provided for in state or federal regulations. Exceptions to written consent to disclosure include situations in which serious harm is imminent to the client or others, where there is suspected abuse, where the client shares information in the presence of others, or under court order. There are also limits to children's rights to confidentiality.

Please list the names of any persons you authorize to make or change appointments for you:

Signature of Patient or Patient's Representative

Date

LIFESPAN COUNSELING ASSOCIATES

1195 Meadow Bridge Dr.

PO Box 340398

Beavercreek, Ohio 45434-0398

(937) 426-2079

(937) 426-0211 fax

BARIATRIC QUESTIONNAIRE

Patient Name _____

Date _____

Date of Birth ___/___/19__

What is your height? _____ feet, _____ inches

What is your weight? _____ lbs.

Which Surgery do you plan to have?

- gastric bypass surgery
- duodenal switch
- LapBand
- sleeve gastrectomy
- revision bariatric surgery

How much weight do you expect to lose with this surgery? _____

What is the name of the surgeon who will be performing your surgery? _____

Have you attended an information session (large group)? Yes; No

Have you received a packet of information from the surgeon? Yes; No

Have you met individually with the Surgeon? Yes; No

Have you met individually with the dietician at the bariatric surgery center? Yes; No

Have you been to any of the monthly bariatric surgery support meetings? Yes; No

Do you exercise regularly? Yes; No If yes, describe the activity and the frequency of engaging in this activity.

Do you smoke cigarettes? Yes; No If yes, how many cigarettes do you smoke per day?

Do you use recreational drugs? Yes; No If yes, what drugs do you use and how frequently do you use them?

Do you drink alcohol? Yes; No If yes, how many drinks (1 beer = 1 glass of wine = 1 shot of liquor) do you average per week?

Have you ever been the victim of violence of physical or sexual abuse? Yes; No

Have you ever thought of hurting yourself or anyone else? Yes; No

Have you ever been in counseling? Yes; No If yes, when and for what reasons?

Which of the following medical complications have you experienced?

- Diabetes
- Menstrual irregularities
- Infertility
- Cellulitis
- incontinence
- High cholesterol
- Coronary heart disease
- High blood pressure
- stroke
- cancer/tumors

- shortness of breath
- Sleep apnea
- Snoring
- Arthritis
- Gallstones
- Ulcers
- Edema of legs
- Depression
- Social withdrawal
- Low self-esteem
- back problems
- pain in joints
- difficulty walking
- break down of skin
- asthma

Which of the following weigh loss strategies have you used?

- Jenny Craig
- SlimFast
- Weight Watchers
- South Beach
- Diet Workshop
- NutriSystems
- Other weight loss center _____
- Overeaters Anonymous
- Exercise
- diet supervised by a nutritionist
- diet supervised by physician
- prescription medication _____
- over-the-counter medication _____
- Richard Simmons diet plan
- Dr. Atkins diet
- bingeing and purging
- use of laxatives
- fad diets _____
- others _____

On which of these diets did you lose the most amount of weight? _____

When were you on this diet? _____

How much weight did you lost on this diet? _____

How long did it take you to lose this weight? _____

Have you regained this weight? If so, how long did it take to regain this weight? _____

STRESS AND COPING QUESTIONNAIREⁱ

How much do each of the following trouble you? Please circle the number that best fits your feelings.

MONEY

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

THE ECONOMY

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

WORK

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

HEALTH PROBLEMS AFFECTING MY FAMILY

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

FAMILY RESPONSIBILITIES

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

HOUSING COSTS

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

RELATIONSHIPS

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

PERSONAL HEALTH CONCERNS

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

JOB STABILITY

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

PERSONAL SAFETY

LOW			MODERATE				HIGH		
1	2	3	4	5	6	7	8	9	10

WHICH OF THE FOLLOWING STRATEGIES DO YOU USE TO MANAGE STRESS?

LISTEN TO MUSIC

- I do not use this strategy
- I use this strategy and it helps
- Not at all A little a moderate amount Very much Extremely helpful

EXERCISE OR WALK

- I do not use this strategy
- I use this strategy and it helps
- Not at all A little a moderate amount Very much Extremely helpful

READ I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

SPEND TIME WITH FRIENDS OR FAMILY I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

WATCH TV OR MOVIES >2 HOURS PER DAY I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

NAP I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

PLAY VIDEO GAMES OR SURF THE INTERNET I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

PRAY I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

EAT I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

SPEND TIME DOING A HOBBY I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

GO TO CHURCH OR RELIGIOUS SERVICES I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

DRINK ALCOHOL I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

SHOP I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

SMOKE I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

PLAY SPORTS I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

GET A MASSAGE I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

DO NOTHING: UNABLE OR UNWILLING TO DO ANY ACTIVITY I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

MEDITATION OR YOGA I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

SEE A MENTAL HEALTH PROFESSIONAL I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

GAMBLE I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

PLAY WITH/CARE FOR PETS I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

GARDENING I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

OTHER ----- I do not use this strategy

<input type="checkbox"/> I use this strategy and it helps			
Not at all	A little	a moderate amount	Very much
			Extremely helpful

ⁱ This questionnaire is adapted by a national survey conducted by the American Psychological Association in 2008.