

**INFORMATION FOR PATIENTS REFERRED FOR
PRE-SURGICAL PSYCHOLOGICAL EVALUATION**

You have been referred for a pre-surgical psychological evaluation. Emotional and/or psychological symptoms can occur in persons dealing with behavioral health problems. The reason for this evaluation is to identify any issues that may possibly interfere with you having the best possible outcome from your surgery and if you require additional psychological treatment. There has been extensive research that have shown in some cases persons who have significant psychological problems at the time they are recommended for surgery may have better results if their symptoms are treated prior to their procedure. In addition, it may be helpful to discuss your concerns about the proposed procedure and your medical condition with a psychologist.

What to Expect

You will meet with psychologist in which you will be asked questions about yourself. It is important to learn about your current medical condition, expectations for the procedure, history of any psychological problems, and your current emotional functioning. You will be asked to complete psychological testing, which are research-based measures that help evaluate if you are appropriate surgical candidate and also make recommendations to your physician. **Expect to spend between 2-3 hours for the entire evaluation and testing.**

After the evaluation is complete a report will be prepared for your physician. Your physician will use the information from the report to provide the most suitable course of medical treatment. Your physician may also send a copy of your report to your insurance provider in order to get approval so if there is any sensitive information you do not want to be included please say so. If you are not an appropriate candidate for surgical intervention you will be provided with referrals for psychological treatment.

We are happy to answer any questions you may have about the evaluation so please feel free to ask.

I have read and understand the above information on pre-surgical psychological evaluations. I authorize Integrated Sleep & Wellness to communicate the results of this evaluation to my referring physician.

Printed Name

Date

Signature of Patient

Date