



The Foundation

HUMBOLDT-DEL NORTE FOUNDATION FOR MEDICAL CARE

A partner in the delivery of medical care in Humboldt and Del Norte Counties since 1963

Weight Management Lifeskills Program **Behavioral Health Initial Assessment**

This basic psychological information will be used to determine appropriateness for case management and to evaluate the patient's potential barriers to a good health outcome.

Patient: _____ Date: _____

A: Does the client state any ongoing psychological conditions, history of abuse, eating disorders, or compliance issues?

B: Can the client identify the connection between emotions and eating?

C: Is the client willing to continue psychological counseling to prepare for and adjust to long-term weight loss?

D: Do there appear to be any barriers to therapy at this time?

Mental Health Provider Signature _____