

Willo Wisotsky, PhD
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SURGICAL PATIENT REGISTRATION FORM

Today's Date: _____ Surgeon: _____

Full Name: _____

Full Address: _____ Zip: _____

Telephone (home): _____ (work) _____

(cell) _____ (fax) _____ Email Address: _____

Date of Birth: _____ Age: _____ Ht: _____ Wt: _____ Marital Status: _____

Highest Level of Education: _____ Your Occupation: _____

Business Name: _____ Bus. Address: _____

If Married, Spouse's Name: _____ Spouse Age: _____ Occupation: _____

Children (Y/N): _____ if Y, Please list name and age _____

Name and address of primary physician:

Name: _____ Address: _____

Name and address of psychiatrist and/or therapist:

Name: _____ Address: _____

Name: _____ Address: _____

In an Emergency, Please Contact:

Name: _____ Relationship: _____ Phone: _____

Whom may we thank for referring you? _____

Briefly describe your reason for coming today: _____

List any health problems you are receiving treatment for: _____

List any medications you are currently taking: _____

I, the undersigned, authorize: Willo Wisotsky, Ph.D. to release the complete psychiatric evaluation records, social and medical information of me (print name) _____ and receive social, medical or psychiatric information of me (print name) _____ to the following:

Doctor: _____

Address: _____

Doctor: _____

Address: _____

Signature: _____ Date: _____

The agreed upon fee for the evaluation is: _____

How are you paying for your appointment at the time of service?

Cash

Check

Credit Card/Debit (MC, Visa, Debit)# _____

I understand and agree that the fee will be due the day the services are rendered. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I know that there will be a session charge for any sessions cancelled less than 24 hours prior to the scheduled time, or broken without notice.

I, the undersigned, understand that the information, as indicated above to be released from my record, is confidential and protected from disclosure. I understand that I have the right to cancel my permission to release information at any time before it is released. I also understand my consent to release information will expire upon termination of my therapeutic relationship with Dr. Willo Wisotsky. I have received the HIPPA Notice of Privacy Practices from the psychologist. I understand that the information psychotherapy is almost always kept confidential by the Psychologist and not revealed to others unless I give my consent. There are a few exceptions as noted in the HIPPA Notice of Privacy Practices. I have fully discussed with the Psychologist what is involved in the pre-surgical psychological evaluation and I understand and agree to all the aforementioned policies about scheduling, fees and missed appointments. I have read all the above information and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you with any changes in my health status or the above information.

Your Signature: _____ Date: _____

THANK YOU FOR YOUR PATIENCE.

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Psychological Evaluation Pre-Surgical Questions

Why do you want to lose weight? _____

Better quality of life _____ Improved health _____ Increase self confidence _____

How much weight do you expect to lose? _____

How do you imagine the surgery will affect your life? _____

What is your understanding of the possible side effects / risks? _____

Port? ___ Slipping? ___ Infection? ___ Vomiting from over-eating? _____

What is your understanding of the changes you must make in your diet / activity level?

___ chew more ___ eat slower ___ smaller portions ___ add more protein ___ no soda
___ no drinking before, during, after meals _____

What changes, if any, have you already made?

Have you thought about what you will replace the food with? ___ journal ___ read ___ music
___ call a friend ___ hobby ___ craft ___ walking ___ exercise ___ create a list and hang it up

How does your spouse / family feel about surgery? _____

Arrangements made for recovery after surgery? (i.e. who will pick you up and care for you?)

How far along are you in your pre-operative process??? (i.e how many doctors left to visit)
