

WELLNESS LIFE CENTER, LLC

COMPREHENSIVE PSYCHOLOGICAL ASSESSMENT

Please fill out this form completely and to the best of your knowledge.

	Yes	No
Have you ever been diagnosed or treated with any of the following:		
Depression		
Anxiety		
Bipolar Disorder		
Borderline Personality Disorder		
Schizophrenia		
Anorexia		
Bulimia		
Do you ever overeat while feeling out of control and powerless to stop?		
Do you ever continue to eat although you feel full?		
Do you ever experience times of uncontrolled, repetitive eating of small amounts of food?		
Do you ever consumes more than half of your daily calories after eight o'clock in the evening?		
Do you ever have thoughts of suicide?		
Have you ever attempted suicide?		
Do you ever cut, burn, or harm yourself in any way?		
Do you ever have thoughts of harming anyone else?		
Do you have any current legal issues?		
Have you ever had any legal issues?		
Have you ever had an addiction to alcohol?		
Have you ever had an addiction to any illegal substance? (marijuana, cocaine, methamphetamines, prescription medications)		
Do you have a support system available to you?		
Do you have someone that will be available to assist you after your surgery?		