



Welcome to the Weight Management Program! We are excited to have you join our program. At your initial appointment you will meet with Cindy Peterson, ARNP. She will obtain and review your medical history including current medications, risk factors, and medical history. You will have blood drawn at this appointment to help determine any issues contributing to obesity, such as vitamin deficiencies, high blood sugar and/or cholesterol levels, and also identify health problems that may be being caused by obesity. These tests are to be done fasting, meaning only water or black coffee prior to your appointment. Most insurance companies cover these visits and labs, but you may want to check with your insurance to see if this type of consultation is covered. Your dietary history will also be reviewed at this appointment. A follow up appointment in 2 weeks is usually indicated to review the lab results and develop a treatment plan. Follow up appointments after this vary, depending on your situation, but typically occur monthly initially. Meeting with a dietician, and health coach is also an expectation of participation in the program.

#### MEDICATIONS:

Anti-obesity medications MAY be prescribed if appropriate, taking into consideration one's medical history and conditions, age, and current medications. Anti-obesity medication use is not indicated with certain medical conditions, allergies, or in combination with some medications. Medications used in the treatment of obesity are considered "controlled substances", meaning that they are monitored, and can only be prescribed by one provider/clinic. By signing this document, you agree that only GCH Clinic will prescribe the anti-obesity medications, and it is the patient's responsibility to inform the provider of any changes in medical history or medication use. Signing this document also indicates you agree to take the medications only as prescribed and will not share or sell the medications.

I also understand that the use and/or duration of use of some anti-obesity medications is considered "off label" or not currently approved by the US Food and Drug Administration (FDA). I understand that my provider at the GCH Weight Management Program has received additional training and education in obesity medicine and the use of anti-obesity medications and may choose to use certain medications for a longer duration or different indication than the medication was approved for by the FDA.

It is my responsibility to follow the directions of prescribed medications carefully, and to report any side effects. Anti-obesity medications may be used in the treatment of obesity to improve overall health and maintain weight loss. Medications for obesity are used as an adjunct to a program that includes dietary, activity and behavioral changes.

RESPONSIBILITY:

It is also understood that much of the success of the program will depend on my efforts and that there are no guarantees that the program will be successful. I also understand that the treatment of obesity may be a chronic, lifelong condition that requires changes in behavior, diet, activity level to be treated successfully.

To remain in the program, you must be seen at least every 3 months and be an active participant in the program. If the provider does not feel that adequate progress is being made, it may be determined that your participation in the program be stopped with possible referral to another facility.

As our clinic continues to grow, we are booking out several weeks in advance. Because of this, we will be monitoring "no shows". A no show is when an appointment has been made and you don't come for the appointment. We would like 24-hour notice for all cancellations and rescheduling. If you have 2 no shows you are no longer eligible to be a part of the program. Three late cancellations (i.e.: day of appointment) may also result in ineligibility for the program.

By signing, I agree that I have read and fully understand this consent form and my questions have been answered.

Patient Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_