

WEIGHT LOSS PROGRAM CONSENT FORM



I, _____, authorize Lauren Gore FNP and associated health care providers, to help me in my weight-reduction efforts. I understand that my program may consist of a balanced-deficit diet, a regular exercise program, instruction on behavior modification techniques, and may involve the use of anti-obesity medications. Other treatment options may include a very low-calorie diet or a protein-supplemented diet. I further understand that if medications are used, they have been used safely and successfully in private medical practices with experienced obesity medicine specialists as well as in academic centers for periods exceeding those recommended in the product literature.

I understand that any medical treatment may involve risks as well as the proposed benefits. I also understand that there are certain health risks associated with having excess weight or obesity. Risks of this program are usually temporary, reversible, and may include but are not limited to nervousness, sleeplessness, headaches, electrolyte abnormalities, dry mouth, gastrointestinal disturbances, weakness, fatigue, pancreatitis, psychological problems, gallstones, high blood pressure, rapid or slowing of the heartbeat and heart irregularities, and risk of weight regain. These and other possible risks could, on occasion, be serious or even fatal. Risks associated with remaining overweight are high blood pressure, diabetes, heart attack and heart disease, arthritis of the joints, including hips, knees, feet and back, sleep apnea, and sudden death.

I understand that these risks may be modest if I am not significantly overweight but will increase with additional weight gain over time. I understand 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 obesity is a chronic, lifelong condition that may require changes in eating habits and permanent changes in behavior to be treated successfully.

If female, I assure that I am not currently pregnant and do not plan on becoming pregnant while taking prescribed weight loss medications.

All payments made to Lauren Gore FNP or Lago Health LLC are non-refundable. There are no exceptions. I am unable to guarantee price of medication prescribed, as this is determined by your insurance plan. You may choose to stop the weight loss program or monthly payments at anytime.

I understand that Lago Health and practitioners cannot guarantee access to the prescribed medication as there are currently many medication supply shortages which are out of the control of Lago Health LLC.

I have read and fully understand this consent form and it has been fully explained to me. My questions have been answered to my complete satisfaction.

Patients Signature _____

Date _____