



ONE Health FIT Agreement and Informed Consent

When you decided to choose ONE Health FIT program for managing your weight, you took an important step toward improving your health.

The ONE Health Ohio professionals who are advising you can help you develop comprehensive weight management skills while you attempt to lose weight.

Your success will depend upon your commitment to understanding and fulfilling your obligations in a course of treatment. It is important that you be willing to:

1. Provide honest and complete answers to questions about your health, weight problem eating activity and lifestyle patterns so your health care professional can better understand how to help you.
2. Devote the time needed to complete and comply with the course of treatment your health professional has outlined for you, including assessment, treatment, and maintenance phases.
3. Work with your health care professional and others who may participate in helping you manage your weight loss, including keeping a daily diary, attending your appointments regularly if appropriate, and following your diet and exercise prescription.
4. Allow your health care professional to share information with your personal physician.
5. Make and keep follow-up appointments with your clinician and counselor. Have any blood test taken or any other diagnostic measure made which your clinician may deem necessary during your course of treatment.
6. Follow your diet program within the guidelines given to you by your health care professional and your clinician.
7. If the physician determines that you are a candidate for phentermine:
 - a. The prescription length for phentermine will be strictly limited to 12 weeks regardless of missed appointments or gaps in treatment for any cause.
 - b. Refills will only be given during in-person (face to face) visits.
 - c. Further prescription of phentermine will not be available until 6 months after the end of the 12-week period.
8. It is vitally important for you to advise the clinic staff on ANY concerns, problems, complaints, symptoms, or questions even if you may think it is not terribly important, so the clinician can determine if you should be seen more often. Keeping the center informed of any questions or symptoms you have, affords the best chance of intervening before a problem becomes serious.
9. Pregnancy. If you become pregnant, report this to your clinician immediately. Your diet must be changed promptly to avoid further weight loss because a restricted diet could be damaging for a developing fetus. You must take precautions to avoid becoming pregnant during the course of weight loss.
10. The possibility always exists in medicine that the combination of any significant disease with methods employed for its treatment may lead to previously unobserved or unexpected ill effects, including but not limited to death. Should one or more of these conditions occur, additional medical or surgical treatment may be necessary. In addition, it is conceivable other side effects could occur that have not been observed to date.
11. Obesity is a chronic condition, and the majority or overweight individuals who lose weight have a tendency to regain all or some of it over time. Factors which favor maintaining a reduced body weight include regular physical activity, adherence to a restricted calorie, low fat diet, and planning a strategy for coping with weight regain before it occurs. Successful treatment may take months or even years.
12. I will not allow anyone other than myself to take the medications prescribed for me by ONE Health Ohio Fit. If I let someone other than myself take my medications, I understand that my treatment will be terminated.

By signing this Agreement and Informed Consent, I agree to comply with all ONE Health Ohio Fit guidelines.

I have reviewed this form with my One Health Clinician.

I have had the chance to ask questions and have had all of my questions answered to my satisfaction.

I agree to take medications as prescribed by my ONE Health Clinician.

I understand each of the statements written here, and by signing this form give my consent for treatment in the ONE Health FIT program.

Printed name of patient

Date of Birth

Signature of patient

Date Signed

Signature of clinician

Date Signed

Printed name of clinician