

Patient name: _____ DOB: _____ HCN: _____

Guided Obesity and Lifestyle Program

Informed Consent and Program Details

I authorize the Guelph Internal Medicine clinic and associated healthcare providers to help me with weight loss or therapeutic lifestyle modification. I understand that my program may consist of a diet, an increase in physical activity, instruction on behaviour modification, and the use of medications.

My clinicians will tailor all interventions to my preferences and health needs.

Dietary interventions may consist of a whole-foods plant-based diet, a low-fat diet, a low or very low carbohydrate (keto) diet, a medically supervised meal replacement diet, a Mediterranean diet, a calorie-restricted diet, or others considered adequate by my clinician and me with my health goals in mind.

Physical activity interventions may include increasing my general activity levels, decreasing sedentary/sitting time, recommendations for cardiovascular and resistance training, or others considered adequate by my clinician and me with my health goals in mind. I agree to seek outside professional help and exercise instruction as required, considering my level of fitness and exercise knowledge. Depending on my health history and current symptoms, my doctor may refer me to a more comprehensive assessment to ensure I can increase my activity level. I agree to follow my doctor's recommendations.

My doctor may also recommend that I seek professional mental health support. I agree to do so as required.

I understand that any medical treatment may involve risks and benefits. I also understand that there are certain health risks associated with having excess weight or obesity. Risks associated with obesity management programs 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 other heart irregularities, and risk of weight regain.

These and other possible risks could, on occasion, be serious or even fatal. I agree to disclose any side effects I am experiencing to my care team promptly and thoroughly.

Risks associated with having obesity and metabolic dysfunction may include, but are not limited to, high blood pressure; diabetes; heart attack; heart disease; cancer; arthritis of the joints, including hips, knees,



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feet, and back; sleep apnea; and sudden death. I understand these risks may increase with additional weight gain.

I understand that much of the program's success will depend on my efforts and that there are no guarantees that my plan will succeed. I also understand that obesity is a chronic, lifelong condition that will require permanent changes in eating habits, activity level, and behaviour to be effective.

I understand that I may be required to complete forms, questionnaires and "journals" that my care team will use to gain better insight into my physical and mental health and guarantee that I receive the appropriate care. I further acknowledge that my doctor may request laboratory, imaging and other tests necessary for my care, and I agree to make a reasonable effort to complete these in the timeframe requested by my doctor. I understand that not completing those steps as needed for my care may cause my appointment to be rescheduled and even lead to my discharge from the program and the Clinic after multiple occurrences.

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.

Name: DOB: HCN:	Date:
Signature:	Witness:

If you have further questions about the program, do not hesitate to contact us at hello@gimclinic.ca or (226) 270-8618.