Divine Health Group

Patient Consent to Weight Management Treatment

I, hereby authorize Divine Health Group to provide individualized medical care, including but not limited to the treatment of my weight and any coexisting medical conditions. This may involve but not be limited to in-office testing, laboratory participation, referral recommendations, history and physical.

(Please initial each paragraph)

_____ I understand that my weight management treatment may consist of specific diet plans, for example a balanced deficit diet, very low-calorie diet, a protein supplemented diet; recommendations for behavior modification techniques, including prescribed regular exercise regimens; and possibly the use of over-the-counter and prescription medications, e.g. appetite suppressants. I understand that I may be prescribed medications for medical conditions other than those relating to my weight management according to general medical practice standards.

_____ I understand that if medications are prescribed, especially medications for weight control, their duration of use, indication, and prescribed dosage may vary from the indication provided on the package insert or those set forth by the FDA also known as “off label”. Off-label prescribing is a common and legal practice in medicine. This practice is justified when scientific evidence suggests the efficacy and safety of a medication for an indication for which it does not have FDA approval and when the practice is supported by expert consensus or practice guidelines. Through shared decision making, patients and families are equal partners in clinical decision-making processes, which can help a physician carefully weigh risks and benefits of a given treatment according to the patient’s unique circumstances.

_____ I understand that any medical intervention has associated potential risks and benefits. Risks of this program may include but are not limited to tiredness, weakness, sleep disturbances, headaches, dry mouth, gastrointestinal disturbances, nervousness, psychological problems, high blood pressure, rapid pulse, and heart irregularities. In rare instances these and other possible risks could be serious or even fatal. The benefits of successful weight management may include but not be limited to improved overall health, lower risk of developing serious diseases with at times fatal complications, such as diabetes, breathing problems, joint degeneration, high blood pressure, heart disease, circulation problems, heart attack, stroke, et al.

_____ I understand that I have alternative treatment options available outside of Divine Health Group, including but not limited to unaffiliated weight loss programs, surgery, or no treatment at all. I also understand that remaining overweight or obese puts me at greater risk for ill health. Some of the complications that may develop as a consequence of prolonged abnormal body weight are arthritis of the joints, high cholesterol, high blood pressure, diabetes, vascular disease complicated by stroke, heart attack, abnormal heart rhythms, gallstones, sleep apnea, and sudden death.

_____ I understand that the success of weight management treatment depends on my active participation. Divine Health Group cannot guarantee or assure treatment success or any definite outcome. I understand that obesity is considered a chronic condition that may require permanent changes in my eating habits and behavior to attempt success at treatment.

_____ I understand that health insurance does not generally cover weight loss as a benefit. All charges are your responsibility. As a courtesy to you, DHG will submit claims to your insurance/payer sources as appropriate. However, if your insurance/payer source reduces the amount or denies the claim for any reason, the balance of the claim will be your responsibility. If your insurance/payer source has not paid your account within 120 days (4 months), or if there are services your insurance/payer source will not cover, the balance will be your responsibility. Co-payments required by insurance plans/payer sources are due before you receive services.

_____ Clinical photography of patients may be appropriate for the diagnosis and treatment of medical

conditions. Use of these medias will be carefully controlled and executed in compliance with all state and federal regulations as well as other organizational policies and procedures.

_____ I have read and fully understand this consent form and I realize I should not sign this form if all items have not been satisfactorily explained to me. With my signature I acknowledge that my questions have been answered fully, and that I have been requested to read this form and have been given ample time to understand all its contents.

_____ In the field of pharmacy, compounding is preparation of custom medications to fit unique needs of patients that cannot be met with mass-produced products. This may be done, for example, to provide medication in a form easier for a given patient to ingest, or to avoid a non-active ingredient a patient is allergic to, or to provide an exact dose that isn't otherwise available. The nature of patient need for such customization can range from absolute necessity to individual optimality to even preference. I understand and consent for my provider to prescribe medications from a compound pharmacy.

I hereby voluntarily consent to treatment for weight management. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the healthcare provider who is treating me and I will direct all questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the healthcare professional who treated me immediately. I also state that I read and write in English.

_____

Patient Signature

_____

Print Legal Patient Name

Date of Signature