



Weight Loss Consent

Patient Name: _____

Date: ____/____/____

PROGRAM: This is a doctor prescribed method of continued weight loss. We will prescribe appetite control medications, exercise, and behavior modification through weekly counseling sessions. Included in our program is a combined physician/medical assistant consultation including a full range of blood tests, EKG, assessment of weight, body fat analysis, nutrition requirements, goals, and exercise counseling. Through an extensive evaluation we have determined that you are a candidate with low risk potential for the program.

This protocol requires close supervision of your individualized weight loss program by Kevin Hirsch, MD, FACS, and his Medical Assistant. Your maintenance in the program will depend very closely on how diligently you follow the protocol. It is necessary that you follow our instructions and keep your appointments. The medication should be taken as prescribed and only changed after consulting with our physician. The success of your weight loss will be limited if you chose not to follow directions, of the diet and exercise part of the program. Diet restrictions must be adhered to and exercise as prescribed is key to sustained losses. The medication will be adjusted or withheld based on our constant reassessment and reevaluation of you at one interval. An assessment of our health, including history, physical signs, and vital signs will determine your weekly plan. You must understand that exercise and dietary restrictions must still provide a balanced intake to avoid illness and nutritional deficiencies. Hydration is very important, and we require no less than eight cups, or 64 ounces in addition to your usual liquid input.

MEDICATION: The medication Phentermine ® is very safe as prescribed, but should not be combined with any other appetite suppressants, or other non-prescribed stimulating agents. You understand this is a controlled substance and only to be used strictly as directed by our doctor or his medical assistant. The prescription for phentermine is filled at our office as part of the program, but you may fill it at any pharmacy of your choice if you wish. If you have any questions regarding drug interactions, please consult with our physician prior to taking any other medications. For your safety, please inform us of any medication (new or old) while on our program, including herbal and over the counter. Do not share the medication with others. This is illegal and highly unsafe. This medication has severe effects; if certain medicines or medical conditions are present they are extremely dangerous.

EFFECTS: There are effects that can be dangerous, they include nutritional and cardiac effects, but are not limited to heart attack, stroke, and malnutrition. You will be monitored each week, at any time you experience symptoms as described by us, chest pain, shortness of breath, disorientation, high heart rate, you should immediately stop any medication, drink water, and call us and/or 911 if the symptoms are more severe.

CONSENT: I understand the risks, alternatives, procedure, and benefits of the **AnuYou Institute Medical Weight Loss Program** and agree to abide by the instructions and follow guidelines given to me.

X _____

Patient Signature

X _____

AnuYou Counselor Signature

____/____/____

Date



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