

SOUTHERN UTAH WOMEN'S HEALTH CENTER, P.C.

PATIENT CONSENT WAIVER FOR WEIGHT MANAGEMENT PROGRAM

DATE: _____

Patient name _____

Account # _____

I hereby consent to voluntarily participate in a weight management program. This may include dietary counseling, exercise conditioning and administration of dietary medications.

I _____, acknowledge that any fitness or exercise program involves risk of injury. Southern Utah Women's Health Center, P.C. shall not be liable for any injuries or damage to the undersigned.

I agree that I have, within the last 12 months, been examined by a medical doctor and have been found healthy enough to participate in an exercise regimen and weight program. If I have not been examined by a doctor in the last 12 months, I am aware that it is recommended that I do this of my own accord. Southern Utah Women's Health Center, P.C. cannot be held responsible or liable for my decision to continue in this weight management program without voluntarily seeking a physical exam. I understand that if I fail to show at my appointments and do not follow up within 90 days that the program will be discontinued and that I would need to return as a new weight management patient.

I understand that the long term effects of using controlled substances for weight loss or weight control are not known and these medications will not be given longer than 8 consecutive weeks.

Insurance Companies do not participate with weight loss programs. I understand that my insurance company is not going to be billed and that I am personally responsible for payment in full.

Signature of Patient

Date

Witness

Date