

Informed Consent for Weight Control Program

My Name: _____

Consent to participate

I hereby consent to act as a participant in a weight control program involving the use of protein and other supplements. I understand that various employees of may provide this to me.

If I have any questions about this or need further explanations, I understand that I should speak with my medical provider.

I have been informed that the possible benefit and value of this treatment is not guaranteed. I understand that there are many alternative treatments or procedures that are appropriate and available that might be beneficial to me. Some of those alternatives or choices include but may not be limited to:

1. No treatment at all.
2. Conservative lifestyle changes.
3. Drugs.
4. Surgery.
5. Watch and wait, while reporting my condition to a physician.

I understand that I have the right not to participate in this program or to discontinue it after I have begun, for any reason whatsoever. I understand that I have the right to ask questions and to know the purpose and objectives of my treatment program.

Having read this page, I hereby consent to this program. I have had adequate time to ask any questions and understand the answers provided. At this time I have no other questions, but I am aware that any future questions may be posed and will be responded to in a timely fashion.

Dieter Name _____

Dieter Signature _____

Date _____

Weight Coach Signature _____

Date _____