

BARIATRIC HEALTH & WELLNESS

The Bariatric Health & Wellness Weight Control Program is a medically supervised Protein Sparing Modified Fast (PSMF). The program utilizes specifically formulated nutritional supplements that provide protein, carbohydrates, calories, minerals, and vitamin requirements. Periodic evaluation is required as is preparation in counseling designed to help you in the development of appropriate patterns of nutrition. Your weight loss treatment will be monitored with laboratory and other medical tests in addition to supervision by our medical staff.

BENEFITS

During the program, rapid weight reduction occurs under medically supervised conditions that reduce the potential risks of very low calorie dieting. Equally important, you will be afforded the opportunity to learn new behaviors and eating patterns designed to enhance long-term weight control.

ALTERNATIVE THERAPIES

There are many ways to lose weight, including calorie restriction by modification of current eating patterns, surgery, significant increase in exercise, hypnosis, individual counseling, and various group programs.

POSSIBLE SIDE EFFECTS

As with any form of medical treatment, side effects may occur. They are usually mild and transitory and generally occur in the first several weeks of treatment. These possible side effects include: light headedness, dizziness, fatigue, headache, mild cold intolerance, brittle nails, temporary hair thinning, diarrhea, constipation, hunger, and nausea. Increased fertility has also been described after significant weight loss.

RISKS AND COMPLICATIONS

Protein Sparing Modified Fasting is a medical treatment, therefore, it is important to maintain close medical monitoring during the program. Any medical treatment entails certain risks. While most adverse side effects are uncommon, it is important to be aware of them. Physician supervision is required to prevent serious problems or identify them at an early stage. Such risks include: gallstones, phlebitis of the leg veins, gout attacks, emotional disturbances, and pancreatitis. Patients with known heart disease or heart rhythm disturbances may be risk. We welcome any questions you have regarding this information.

Bariatric Health & Wellness is unable to accept product returned for credit or exchange for any reason under the Board of Health and Board of Pharmacy regulations.

I affirm that I have read and understand the above information and that my questions have been answered to my satisfaction. I voluntarily consent to participation in the Bariatric Weight Loss Program and agree that I will be responsible for my bill and any associated collection fees incurred.

Signed: _____ Date: _____

Print Name: _____ Witness: _____

Bariatric Health & Wellness
Vestavia Village

Be Healthy. Live Well.

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CONSENT FOR RELEASE OF MEDICAL RECORDS

I herewith authorize Dr. John Morgan to release my medical records (including lab reports, EKG, medical evaluation, or progress notes) regarding the medical consultations and treatment in which I have received.

Patient signature: _____

Date: _____