



Client Commitment Form

Commitment

Realizing that losing weight will require a great deal of time and effort on my part, I _____ wish to participate in the Physician's Choice Wellness Weight Management Program.

I must meet medical and psychological screening criteria established by the team of weight loss management professionals before entering the program. If medical complications unrelated to weight loss arise during the program, I will be referred back to my primary care physician.

My goal is to lose weight and keep it off! I agree to participate in and complete all phases of the program—Reducing, Adapting, and Sustaining.

I will attend weekly sessions during all phases of the program and will notify the staff in advance when I am unable to attend. I realize that there is an attendance policy, and commit to following this policy. I also realize that I have the option of leaving the program at any time but I must notify the center one week before I depart.

I understand that in the interest of my health I must maintain my weight loss once I reach my healthy goal weight. Therefore, I am making the commitment to understand and practice the lifestyle changes presented in this program. If I find myself having difficulty, I will not hesitate to contact a member of the team for assistance.

Involvement/Product

I agree to adhere to the Physician's Choice Wellness program by being actively involved in the weekly sessions. I also agree to purchase and consume the amount of NEW DIRECTION Nutritional Products prescribed to me. I understand that the beverage is my sole source of nutrition. Once I have purchased the beverage it is not returnable. I realize that if I am not complying with the program, I can be discharged.

I understand the program offers the following services to make my weight loss effective and safe:

- Medical and psychological screening before entering the program
- Routine visits with the program physician or physician extender
- Weekly sessions that include information on behavior modification, nutrition education, and exercise
- NEW DIRECTION Nutritional Products

- Individual consultation about program-related issues that may be initiated by the team of by me
- Biweekly lab tests
- EKG monitoring at regular weight loss intervals

I have read all the above statements and understand their meaning. It is my wish to participate in the NEW DIRECTION System as designed by Physician's Choice Wellness under the conditions described.

Client's Signature

Date

Staff Signature

Date