



**Garnet Health**  
MEDICAL CENTER

**A Healthy Weigh Patient Contract**

By participating in the obesity medicine management program at Garnet Health Medical Center, I agree to the following:

1. I have been informed of the structure of the program, and realize it involves meeting with a multidisciplinary care team to help me lose weight.
2. I understand that this is not a "quick fix" way to lose weight, and that it will involve many lifestyle changes and effort on my end to achieve the results I want.
3. I am aware that attending support groups (virtually or in person) is a requirement to participate in the program and is crucial to achieve success.
4. I agree to undergo regular weigh-ins and have my body composition analyzed.
5. I understand that the use of weight loss medications is at the discretion of the obesity medicine director or my endocrinologist at any time during this obesity medicine management program.
6. I am aware that this program is **6 months** in length, and additional support groups can be attended another 6 months if an initial weight goal is met that demonstrates I have made lifestyle changes. At the end of 12 months, I will have one visit with the bariatric dietitian for a final body composition measurement.
7. I agree to maintain all of my scheduled appointments with the multidisciplinary care team, and will make every effort to reschedule no later than 24 hours from my scheduled appointment unless an emergency comes up that requires cancelling.

I, (Print Name) \_\_\_\_\_ **have read the above contract. I understand and agree to abide by the terms.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_