**INFORMED CONTSENT FOR APPETITE SUPRRESSANT MEDICATION**

I understand that my treatment at Health Plus may involve the use of appetite suppressant medication.

I understand that the purpose of this medication is to assist me in obtaining and maintaining a healthy weight.

I understand that I cannot take appetite suppressant medication if I have heart disease, unstable hypertension (high blood pressure), hyperthyroidism, schizophrenia, bi-polar disorder, or other serious psychiatric illnesses. I affirm that I do not have any of these diseases, illness or conditions.

I understand that appetite suppressant medication is not recommended for individuals with a history of substance abuse. I affirm that I do not have a history of substance abuse.

I understand that my continuing to receive appetite suppressant medication will depend on a demonstration of their effectiveness. This will be demonstrated by weight loss and the maintenance of weight loss.

I understand that weight loss appetite suppressant medications are associated with side effects. The more common side effects are: dry mouth, sleeplessness, rapid heart rate, nervousness, fatigue, headaches, constipation, reversible hair loss, and mood changes.

I understand that although rare, more serious effects can occur while taking appetite suppressant medication. These include, but are not limited to: psychological dependence, heart rhythm irregularities, and high blood pressure. These and other possible risks can be life threatening.

I understand that there are risks associated with remaining overweight or obese. These risks include but are not limited to an increased chance of developing: diabetes, heart disease, high blood pressure, high cholesterol, breast and other cancers, gallbladder disease, gout, sleep apnea, arthritis of the hips, knees and feet, osteoporosis.

I understand that obesity has been associated with decreased life expectancy.

I agree with my Health Plus practitioners assessment that the risks associated with my weight are greater than the risks associated with appetite suppressant medications. I have chosen to assume the risks associated with the medication being prescribed by my Health Plus practitioner in order to reduce the risks associated with my weight.

Please read the Following Statement:

“Medications, including appetite suppressants, have labeling worked out between the medications manufacturer and the Food and Drug Administration. This labeling contains among other things, suggestions for using the medication. The appetite suppressant labeling suggestions are generally based on short term studies (up to 12 weeks) using the dosage indicated in the labeling. As a bariatric practitioner I have found appetite suppressants helpful for periods far in excess of twelve weeks, and at times in doses larger than those suggested in the labeling. As a clinician I am not required to use the medication as the labeling suggests. However, I do use the labeling as a source of information along with information gained from: my own experience, the experience of my colleagues and professional peers, recent longer term studies, and recommendations of university based investigators. Based on this information, I have chosen, when indicated, to use appetite suppressants for longer periods of time and/or in increased doses. Such usage has not been as systematically studied as that suggested in the labeling. It is possible , as with most other medications, that there could be serious side effects associated with the medications prescribed by Health Plus. No treatment will be used, however, that do not seem much safer than the health risks associated with excess weight, obesity and poor eating habits. As a bariatric practitioner, I believe that the risks associated with excess weight and untreated obesity are far greater than the risks associated with appetite suppressant medication, even at higher does and/or longer periods of time than the labeling recommends. However you must decide if you are willing to accept the risks of side effects associated with appetite suppressants”.

I have read and fully understand this consent form and I realize I should not sign this form if I do not understand it completely. I affirm that I have had the opportunity to ask questions about the content of this form, and all my questions have been answered to my full satisfaction. I affirm that I have had as much time as I need to read this form in its entirety.

Questions will always arise that cannot be predicted. We look forward to hearing from you should you have any questions or concerns. We will also be happy to talk with your physician should you request.

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTITIONERS DECLARATION

I have explained the contents of this document to the patient and have answered the patient’s related questions. To the best of my knowledge, I feel the patient has been adequately informed concerning the benefits and risk associated with appetite suppressant medications. After being adequately informed the patient has consented to therapy involving appetite suppressant medication in the manner indicated above.

Practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_