

Phentermine Weight Loss Program

Informed Consent

I _____ request the use of phentermine, along with dietary restrictions for the purpose of weight loss. I understand that, as part of the program, I will be given a limited physical, orientation to the program with supporting materials and I will be instructed on how to administer the phentermine myself. I understand that there is no guarantee for the effectiveness of phentermine. I agree that I am and will be under the care of a primary care provider for all other medical conditions.

Prior to treatment, I have *fully* disclosed all medical conditions, diseases and treatment processes to the Skinny Me! practitioner. Contraindications have been fully discussed with me. Further contraindications are outlined below. If I fail to disclose any medical conditions, disease and treatment processes to the Skinny Me! practitioner, I release the practitioner and facility from any liability associated with this procedure.

Contraindications and Warnings

Patients with the following should not use phentermine:

- An allergy to phentermine
- Taken a monoamine oxidase inhibitor (MAOI) within the last 14 days
- Advanced arteriosclerosis, cardiovascular disease, moderate to severe hypertension, hyperthyroidism, or glaucoma
- Experienced an agitated state or have a history of drug or alcohol abuse
- Nursing, pregnant or plan to become pregnant

Patients with the following should take special precautions and must consult their primary care provider before using phentermine:

- Allergies to medicines, foods, or other substances
 - Brain or spinal cord disorder, hardening of the arteries, high blood pressure, diabetes** or high cholesterol or lipid levels
- **Patients with diabetes may require a dose of insulin while taking phentermine*

Side Effects

While phentermine is generally free of negative side effects, there is a *possibility* of the following: dry mouth, unpleasant taste, heartburn, skin rash or itching, diarrhea, constipation, stomach pain, lactic acidosis, nausea or vomiting, fatigue, hypertension, insomnia or restlessness. *Less common side effects* include: convulsions or seizures, panic attacks, tremors or shaking, erectile dysfunction, fever, fainting, depression, hallucinations, overactive reflexes.

Please initial each statement below, indicating your acknowledgement:

_____ I understand phentermine treatments may involve the risks outlined, but not limited to this document.

_____ I understand the use of phentermine is absolutely contraindicated during pregnancy and breastfeeding. I understand that it is my responsibility to inform the Skinny Me! practitioner if I am pregnant, trying to become pregnant or if I become pregnant during the course of this treatment.

_____ I agree to immediately report any problems that may occur to the Skinny Me! practitioner during the treatment plan. I further understand that not complying with the dosage recommendations and dietary restrictions could increase risks and alter my results from the program. If I do not follow these recommendations and restrictions, I agree to release the Skinny Me! practitioner and facility from any liability arising as a result of this.

_____ I understand that I may quit the program at any time. If an emergency situation should arise, I understand that I should proceed directly to an emergency facility and notify the Skinny Me! practitioner as soon as possible.

_____ I understand that, if there are any changes in my medical history, there are any changes in my medications, or there are any other changes relevant to taking phentermine, I will advise the Skinny Me! practitioner immediately.

I have read and fully understand the above terms. I agree to release the Skinny Me! practitioner and the facility from any liability associated with this treatment.

Patient's Name (printed): _____

Patient's Name (signed): _____ Date: _____

Provider's Signature: _____ Date: _____