

Topiramate Weight Loss

Informed Consent

I _____ request the use of topiramate, 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 topiramate myself. I understand that there is no guarantee for the effectiveness of topiramate. 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 topiramate:

- An allergy to topiramate
- Taken a monoamine oxidase inhibitor (MAOI) within the last 14 days
- Nursing, pregnant or plan to become pregnant

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

- Allergies to medicines, foods, or other substances

Side Effects

These side effects usually happen in less than 1%, tingling sensations, dizziness, drowsiness, apathy feeling, memory problems, nervousness, speech or language problems, trouble in concentrating or paying attention, unusual tiredness or weakness.

Less common side effects are: Loss of appetite, changes in the way food tastes, weight loss, menstrual changes. Topiramate can also cause kidney stones, so drink plenty of water to minimize this risk. Topiramate makes some people feel clumsy, or dizzy, or drowsy, or have trouble in thinking. Alcohol and any other medicine that can cause drowsiness may make this worse.

Please initial each statement below, indicating your acknowledgement:

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

_____ I understand the use of topiramate 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 topiramate, 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: _____