

DEKALB WOMEN'S SPECIALISTS

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404-508-2000

WWW.DEKALBWOMEN.COM

** PATIENT INFORMATION FORM FOR WEIGHT LOSS **

TODAY'S DATE: _____

PATIENTS NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

HOME / CELL #: _____ WORK #: _____

DATE OF BIRTH: _____

OCCUPATION: _____

EMAIL: _____

******* NO INSURANCE ACCEPTED ***** CASH PROGRAM ***** PAID FULL IN ADVANCE *******

******* \$75 CONSULTATION FEE ***** NON-REFUNDABLE *******

******* WILL BE APPLIED TO THE COST OF A 3 MO. PACKAGE *******

FOR STAFF ONLY:

PACKAGE CHOSEN: _____ PRICE: _____

OR

INDIVIDUAL INJECTIONS: _____ PRICE: _____

INDIVIDUAL INJECTIONS: _____ PRICE: _____

INITIAL INTAKE:

PCP PHYSICAL / EKG RESULTS _____ BP RESULTS _____

MEDS UPDATED Y/N _____ ALLERGIES UPDATED Y/N _____

******* PATIENT INFORMED CONSENT FOR WEIGHT LOSS *******
*******PHENTERMINE WEIGHT LOSS PROGRAM *******

I request the use of Phentermine, along with the strict 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 material and I will be instructed on how to administer Phentermine myself. I understand that an initial blood test may be necessary to rule out any conditions that may disqualify me from the program. I will obtain these from my own physician or have them ordered through Dr. Albert Scott and Associates. I understand that there is NO guarantee for the effectiveness of Phentermine. I agree that I am and will be under the care of another medical provider for all other conditions. Dr. Albert Scott and Associates can work in conjunction with, but can not replace my primary care physicians, general practitioner or another specialist. I understand that Dr. Albert Scott and Associates can only prescribe Phentermine and medication necessary for this treatment and all other health matters should be through my regular physician.

Diet Pt. Initials: _____ **Provider Initials:** _____

Prior to my treatment, I have fully disclosed any medical conditions or disease such as a history of gallbladder disease, diabetes, autoimmune disease, HIV, heart disease, kidney disease, uncontrolled high blood pressure, seizure disorders, blood disorders, (anemia, thalassemia, hemophilia, ETC) emphysema or asthma, and any history of stroke or cancer. These contraindications have been fully discussed with me, contraindications are outlined below. If I fail to disclose any medical conditions that I have, I release the doctor and the facility from any liability associated with the procedure. Please circle all history above that pertains to you.

Diet Pt. Initials: _____ **Provider Initials:** _____

*******WARNINGS*******

Contraindications and Warnings:

Patients with the following should **NOT** use Phentermine:

- An allergy to Phentermine
- Those who have taken a monoamine oxidize inhibitor (MAO) within the last 14 days
- Have advanced Arteriosclerosis, Cardiovascular disease, moderate to sever HTN, Hyperthyroidism, or Glaucoma
- Are in an agitated state, or have a history of alcohol or drug abuse
- Women who are nursing, pregnant, or plan to become pregnant

Patients with the following should **take special precautions** and consult their doctor before use:

- Allergies to medicines, food, or other substances
- Those who have diabetes may need a larger dose of insulin while taking Phentermine
- Have a brain or spinal cord disorder, hardening of the arteries, HBP, diabetes, high cholesterol or lipid levels

Diet Pt. Initials: _____ **Provider Initials:** _____

*****POTENTIAL BENEFITS AND RISKS*****

Significant medical weight loss is usually about 10% of initial weight. As an example, a person losing 20 pounds from a 200 pound starting weight.

- Lowers blood pressure, reducing the risk of hypertension
- Lowers cholesterol, reducing the risk of heart and vascular disease
- Lowers blood sugar, reducing the risk of diabetes
- Increasing activity level can have a favorable effect in which it helps you to sustain your weight loss.
- Weight loss and increased activity provide important psychological and social benefits as well, by releasing endorphins to make us happy.

If you are taking medications for one or more of these conditions, dosages may need to be adjusted as your overall health improves. You agree to see our physician as needed to have your need for these medications reassessed. Our health professional will share your results with your physician on a regular basis to keep them informed of your progress.

POSSIBLE SIDE EFFECTS: The possibility always exists in medicine that the combination of any significant disease, with methods employed for its treatment, may lead to previously unobserved or unexpected side effects, including death. Should one or more of these conditions occur, additional medical or surgical treatment may be necessary. In addition, it is conceivable other side effects could occur that have not been observed to date.

Diet Pt. Initials: _____ **Provider Initials:** _____

REDUCED WEIGHT: When you reduce the number of calories that you eat to a number lower than the number of calories that your body uses daily, you lose weight. In addition, your body makes some other adjustment in physiology. Some of these are responsible for rapid changes in the blood pressure and blood sugar levels. Other adjustments may be experienced as temporary side effects or discomforts. Such as an initial loss of body fluid through increased urination, momentary dizziness, reduced metabolic rate or metabolism, sensitivity to cold, a slower heart rate, dry skin, fatigue, diarrhea or constipation, bad breath, muscle cramps, a change in menstrual pattern, dry and brittle hair or hair loss. These responses are temporary and resolve when calories are increased after periods of weight loss.

Diet Pt. Initials: _____ **Provider Initials:** _____

REDUCED POTASSIUM LEVELS: The calorie level you will be consuming is 1000 or more calories per day, and it is important that you consume the calories that have been prescribed in your diet plan to minimize side effects. Failure to consume all of the food, fluids and nutrient supplements or taking a diuretic pill (water pill) may cause low potassium levels or nutrient deficiencies. Low Potassium levels can cause serious heart irregularities. When someone has been on a reduced calorie diet, rapid retention disturbs the salt and mineral balance, causing gallbladder attacks and abdominal pain. For these reasons following the diet carefully and not allowing the gradual increase in calories after weight loss is essential.

Diet Pt. Initials: _____ **Provider Initials:** _____

GALLSTONES: Overweight people develop gallstones at a higher rate than normal weight people. The occurrence of symptomatic pain, diagnosed stone and/or surgery in individuals weighing 30% or more over desirable body weight is estimated to be 1 in 100 people annually. For individuals for are 0-30% overweight, that number drops to 1 in 200 people annually. It is possible to have gallstones and not know it. One study of individuals entering a weight loss program showed that men as 1 in 10 had “silent” gallstones at the onset. As body weight and age increase, so do the chances of developing gallstones. These chances double for women, women using estrogen and smokers. Losing weight rapidly may increase the chances of developing stones or sludge and/or increasing the size of the existing stone within the gallbladder. Should any symptoms develop the most common are fever, nausea and a cramping pain in the right upper abdomen. If you have or suspect that you may already have gallstones, let your health care provider know immediately. Gallbladder problems may cause inflammation to the pancreas or even death, and may require medication and/or surgery. A drug (Actigall) is currently available and may help prevent gallstone formation during weight loss. You may wish to discuss Actigall with your primary care or weight management physician for more information.

Diet Pt. Initials: _____ **Provider Initials:** _____

PANCREATITIS: Pancreatitis, or infection in the bile ducts, may be associates with the presence of gallstones and the development of sludge or obstruction in the bile duct. The symptoms of pancreatitis include pain in the right upper abdomen area, nausea and fever. Pancreatitis may stem from long term abuse of alcohol, the use of certain medications and increased age. Pancreatitis may be associated with more serious complications that require surgery or lead to death.

Diet Pt. Initials: _____ **Provider Initials:** _____

PREGNANCY: If you become pregnant report this to your health care professional and physician immediately. Your diet must be changed promptly to avoid further weight loss, because a restricted diet could be damaging to the developing fetus. You must take precaution to avoid becoming pregnant during the course of this program.

Diet Pt. Initials: _____ **Provider Initials:** _____

BINGE EATING DISORDERS: Binge eating disorder is defined as the habitual, uncontrolled consumption of a large amount of food in a short period of time. Participation in calorically restricted diets has been shown in one study to increase binge eating following a calorie deficient and portions controlled diet. Continued binge eating episodes are associated with weight gain.

Diet Pt. Initials: _____ **Provider Initials:** _____

RISK OF WEIGHT REGAIN: Obesity is a chronic condition, and the majority of overweight individuals who lose weight have the tendency to regain all or some of it over a period of time. Factors which favor maintaining a reduced body weight include regular physical activity, and adherence to a restricted calorie low fat diet. A group of patients who have been followed for 3 years shows that the patients have maintained about one half the initial weight lose. You must plan

a strategy to avoid weight regain, before it occurs. Successful treatment may take months or even years.

Diet Pt. Initials: _____ **Provider Initials:** _____

SUDDEN DEATH: Patients with morbid obesity, particularly those with serious hypertension, coronary artery disease, or diabetes mellitus, have a statistically higher chance of suffering sudden death than normal weight people. Rare instances of sudden death have occurred while obese patients were undergoing medically supervised weight reduction. Though no cause and effect to the diet have been established, the possibility cannot be excluded. A medicated diet plan with or without exercise may bring about tiredness, psychological problems, medication allergies, high blood pressure, rapid heart rate and heart irregularities. Less common but more serious risk are pulmonary hypertension and heart disease as well as other possible risk that could be serious or fatal.

Diet Pt. Initials: _____ **Provider Initials:** _____

******The Positives******

LIPO-B/B12 combination is an injection of vitamins, amino acids & nutrients that are essential for your health and the health of your liver.

LIPO-B/B12 injection ensures your body receives all necessary nutrients to keep you at your fat burning best. Many nutrients are NOT absorbed orally and must be taken through injection. Shots are a safe, effective and easy way to keep you balanced. Vitamins B12 Lipotropic, or Lipo-B shots for short, help increase your energy as well as contribute to the success of your weight loss plan.

Lipo-B contains the following:

- **Methionine** - An antioxidant amino acid that neutralizes free radicals. It aids in breaking down fat, removing heavy metals from the body and helps with digestion. It is one of the important amino acids that increases energy and builds lean muscle mass.
- **Inositol** - A vitamin that is vital for metabolism for fat and cholesterol. It prevents hardening of the arteries. It has also been shown to help in the treatment of depression and anxiety.
- **Choline** - Plays a major role in cardiovascular health, in addition to minimizing excess fat in the liver through its metabolic properties. It aids in hormone reproduction.

Cyanocobalamin (B12):

- **Vitamin B12** - Regulates the formation of red blood cells and helps in the utilization of iron, preventing anemia. It is an important component of the body system because it is required for proper digestion, absorption and synthesis of food, and the metabolism of carbohydrates and fats. B12 is also necessary for a healthy nervous system.

Diet Pt. Initials: _____ **Provider Initials:** _____

PATIENT INFORMED CONSENT for Appetite Suppressants –

*******Phentermine *******

1. I, _____ (patient or guardian name) authorize weight reduction efforts. I understand my treatment may involve, but not limited to, the use of appetite suppressants for me for 12 weeks. When indicated a higher dose than the dose indicated in the appetite suppressant labeling.
2. I have read and understand my doctors' statements that follow: "Medications, including appetite suppressants, have labeling worked out between the makers of the medications 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 dosages indicated in the labeling. As a physician, I have found the appetite suppressants helpful for periods far in excess of 12 weeks, and at times in larger doses than those suggested in the labeling. As a physician, I am not required to use the medication as the labeling suggests. But, I do use the labeling as a source of information along with my own experience, the experience of my colleagues, longer term studies and recommendations of university based investigators. Based on these, I have chosen when indicated, to use the appetite suppressant for a longer period of time and at times, in increased dosages."
3. Such usage has not been as systematically studied as that suggested on the labeling and it's possible, as with all medications that serious side effect could occur as noted below.
4. As a physician, I believe the probability of side effects is outweighed by the benefit of the appetite suppressant use for longer periods of time and when indicated in increased doses.
5. I understand it is my responsibility to follow the instruction carefully and to report to the doctor treating me for my weight any significant medical problem that I think may be related to my weight control program.
6. I understand the purpose of this treatment is to assist me in my desire to decrease my body weight and to maintain this weight loss. I understand my continuing to receive the appetite suppressant will be done dependant on my progress of my weight reduction and weight maintained.
7. I understand there are other ways and programs that can assist me in my desire to decrease my body weight and to maintain this weight loss. In particular, a balanced calorie counting program or and exchange eating program with the use of the appetite suppressant would likely prove successful.
8. I understand that if my BMI is less than 30, I must have a co-morbidity associated to be able to use Phentermine as a weight loss aid. If I do NOT have a co-morbidity, I understand that my use of Phentermine is at my own discretion.
9. I understand that I must bring a clearance letter from my PCP or Cardiologist stating that I am heart healthy and can begin a weight loss program using Phentermine.

10. **RISK OF PROPOSED TREATMENT:** I understand this authorization is given with the knowledge that the use of appetite suppressant for more than 12 weeks and in higher doses than the dose indicated in the labeling involves some risks and hazards. The more common includes: nervousness, sleeplessness, headaches, dry mouth, weakness, tiredness, psychological problems, medication allergies, high blood pressure, rapid heart rate, and heart irregularities. Less common, but more serious risks are pulmonary hypertension and valve disease. These and other possible risks could, on occasion, be serious or even fatal.

Diet Pt Initials: _____ Provider Initials: _____

11. **RISKS ASSOCIATED WITH BEING OVERWEIGHT OR OBESE:** I am aware that there are certain risks associated with being overweight or obese. Among them are tendencies for high blood pressure, diabetes, heart disease, heart attack, arthritis of the joints, hips, knees and feet. I understand these risks go up significantly the more over weight I am.

Diet Pt. Initials: _____ Provider Initials: _____

12. **NO GUARANTEES:** I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I also understand that I will have to continue watching my weight all my life if I am to remain successful.

Diet Pt. Initials: _____ Provider Initials: _____

13. **PATIENTS CONSENT:** I have read and fully understand this consent form and I realize I should NOT sign this form if all items have not been explained or any questions I have concerning them have not been answered to my satisfaction. I have been urged to take all the time that I need in reading and understanding this form and in talking with my doctor regarding risks associated with the proposed treatment and regarding other treatment not involving the use of appetite suppressants.

Diet Pts. Initials: _____ Provider Initials: _____

*******ATTENTION*******

For your health, you must take a 6-month break from Phentermine after being on it for 1 year. We will NOT distribute Phentermine to patients who have exceeded the 1-year mark.

*******WARNING*******

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED TREATMENT, OR OTHER POSSIBLE TREATMENTS, ASK THE DOCTOR OR NURSE NOW BEFORE SIGNING THIS CONSENT FORM.

HEALTH CARE PROVIDERS DECLARATION:

I HAVE EXPLAINED THE CONTENTS OF THIS DOCUMENT TO THE PATIENT AND HAVE ANSWERED ALL THE PATIENTS RELATED QUESTIONS. TO THE BEST OF MY KNOWLEDGE I FEEL THE PATIENT HAS BEEN ADEQUATELY INFORMED CONCERNING THE BENEFITS AND RISKS ASSOCIATED WITH THE USE OF APPETITE SUPPRESSANTS. THE BENEFITS AND RISKS ASSOCIATED WITH ALTERNATIVE THERAPIES AND THE RISKS OF CONTINUING IN AN OVER WEIGHT STATE. THE PATIENT HAS CONSENTED TO THERAPY INVOLVING THE USE OF APPETITE SUPPRESSANTS IN THE MATTER INDICATED ABOVE.

DATE _____

PATIENTS SIGNATURE

DIET CONSULTANT SIGNATURE

PHYSICIANS SIGNATURE

\$75 Initial Consultation Fee applies to all new diet programs.

*******ATTENTION*******

For your health, you must take a 6-month break from Phentermine after 1 year of use. We will NOT distribute Phentermine to patients who have exceeded the 1-year mark. You can continue with the B12 and Lipo-B injections. (Prices subject to change)

Services are Non-Refundable

Please visit our website: Dekalbwomen.com

To schedule a diet consult: 404-789-3953

*******PACKAGE LIST*******

Package A: PHENTERMINE WITH LIPO-B / B12 INJECTIONS

3 mo. with meds from our Stone Mountain office

(\$75 consult fee removed off of first time purchase)

(6) Office visits / weigh-in, 2 per month with Body Composition Report to track your progress

(3) Bottles of Phentermine, 30-day supply each, one bottle distributed each month

(6) Lipo-B/B12 injections to be combined with office visit

Package B: QSYMIA WITH LIPO-B / B12 INJECTIONS

3 mo. of Qsymia called in to your pharmacy

(\$75 consult fee removed off of first time purchase)

(6) Office visits / weigh in, 2 per month with Body Composition Report to track your progress

(6) Lipo-B/B12 injections to be combined with office visit

Package C: PHENTERMINE PACKAGE WITHOUT INJECTIONS

3 mo. with meds from our Stone Mountain office

(\$75 consult fee removed off of first time purchase)

(6) Office visits / weigh-in, 2 per month with Body Composition Report to track your progress

(3) Bottles of Phentermine, 30-day supply each, one bottle distributed each month

Package D: PHENTERMINE MONTHLY PACKAGE WITH INJECTIONS

1 mo. of meds from our Stone Mountain office

(1) Bottle of Phentermine

(2) Lipo-B/B12 injections to be combined with office visit

(2) Office Visits / weigh in, 2 per month with Body Composition Report to track your progress