



Patient name: _____ Date of birth: _____

WEIGHT LOSS MANAGEMENT AGREEMENT

The purpose of this agreement is to explain how the Athena Family Medicine Weight Loss Program works and what we expect from each other. Signing it does **not** guarantee that you will be prescribed weight loss medication. You must first be evaluated face to face by Dr. Vo and approved as a candidate. This agreement is reviewed and signed by both you and Dr. Vo.

Medication and dose	Prescribed for
	Weight management
	Weight management

Goals of treatment

- To reach and keep a healthier weight, together with changes in eating habits and more physical activity.
- To improve my health and my ability to carry out daily activities, as safely as possible and without dangerous or permanent side effects.

Initials: _____

Program requirements

- Before starting medication, I will complete a physical exam, an EKG and lab work.
- I will complete a **monthly check-in**, in the office or through the Athena patient portal, reporting my **current weight, blood pressure, side effects and any concerns**. My check-in must be reviewed before a refill is sent.
- I must be seen **face to face in the clinic at least once a year**, including an EKG and lab work, to continue in the program.
- The length of treatment will be decided by Dr. Vo.

Program fees (self-pay)

Service	Fee	When it is paid
Initial consultation, and annual face-to-face follow-up visit with Dr. Vo	\$165 per visit	Before the appointment is scheduled
Monthly assessment	Based on the medication prescribed	By invoice, before a refill is sent

- Visit fees can be paid online at athenafamilymedicine.com or by calling our office. After each monthly check-in, staff will send me an invoice. **My refill is sent only after my check-in is reviewed and the invoice is paid.**
- If I cancel at least 24 hours before an appointment, my prepaid visit fee will be refunded, minus Square card processing fees. **With less than 24 hours' notice, or if I miss the appointment, the full \$165 fee is not refunded.** Insurance is not billed for this program; lab work is billed separately by the lab. Fees may change with 30 days' notice.

My responsibilities

- I am responsible for my medication. I will not share, sell or trade it, and I will not take anyone else's medication.
- I will not increase my dose or change how I take my medication without talking with Dr. Vo first.
- Lost, stolen or used-up medication may not be replaced early.
- I will not use other weight loss medications or products (including those bought online, at spas or at other clinics) while in this program unless Dr. Vo approves.
- I will use one pharmacy, and I will tell Dr. Vo about any new medications, health changes, or if I become pregnant, plan a pregnancy or am breastfeeding.
- I understand that some weight loss medications are controlled substances, and their prescriptions are tracked by the Texas Prescription Monitoring Program.

Initials: _____

Risks and results

- Dr. Vo has explained the possible benefits and side effects of my medication. I will report side effects promptly and call 911 or go to the emergency room for serious symptoms.
- Results vary from person to person. No specific amount of weight loss is guaranteed.

Ending this agreement

- If I do not follow this agreement or the clinic's Office Policy, I understand that Dr. Vo will no longer prescribe weight loss medication to me.
- If Dr. Vo decides the medication is causing more harm than benefit, it may be stopped or tapered safely.
- Ending weight loss treatment does not end my primary care at Athena Family Medicine.

Initials: _____

I have read this agreement, or it has been read to me, and my questions have been answered. I agree to follow the Athena Family Medicine Weight Loss Management Agreement.

Patient name (printed)

Patient signature

Date

Kevin Vo, MD, signature

Date