

# Weight Program Registration form

Samuel O. Leon M.D Family Practice

Name of primary care doctor:		
Last Name:	MI:	DOB:
First Name:		
Street address:	Home #:	
Mailing address if different:	Cell #:	
City:	State:	zip code:
Employer:	Occupation:	
<b>Emergency Contact</b>		
Name of local friend or relative (not living with you):		
Relationship to you:		
Home #:	Cell #:	

## Weight Loss Program

Our weight loss program is designed to help you achieve healthy weight loss. We use lifestyle counseling and medication to assist you in accomplishing your goals. Healthy weight loss can be achieved without the use of medication.

**Phentermine:** Phentermine is a psychostimulant drug similar to amphetamine. It is used medically as an appetite suppressant for short term use. It **should not be used** by anyone with a history of **drug abuse, addiction, cardiovascular disease, hyperthyroidism or glaucoma**. It should not be used if you are **pregnant, planning to become pregnant or breast feeding**. **Do not use** while taking medications such as **monoamine oxidase inhibitors**. Please inform the doctor of all the medication that you are taking. Drinking alcohol while taking phentermine may result in adverse effects. Phentermine use may produce cardiovascular, gastrointestinal and central nervous system side effects. Rare cases of **pulmonary hypertension** and **cardiac valvular disease** have been reported. Please stop taking phentermine if you have any adverse reaction to the medication or if you become ill. Phentermine may also cause a **"false positive"** result for amphetamine on a drug screen. Upon request our office will provide a note for your employer documenting that you have been prescribed phentermine.

**B12:** Vitamin B12, also called cobalamin, is a water-soluble vitamin that plays a key role in the normal function of the brain and nervous system. Many weight loss programs use B12 as a way to "boost your metabolism" and "increase fat loss." **There are no scientific studies, however, to prove that it promotes weight loss.** There is a risk of **bleeding** and **infection** with B12 injections. **B12 should not be used** by anyone **allergic** to it.

By signing below, I agree to be treated via telemedicine and that I have **read and understand** all the **information** regarding the medication used in the weight loss program. **I do not have any medical conditions that contraindicate** the use of these medications and **I am not pregnant**. I agree to use phentermine only as directed and I will not share my medication with anyone else. I understand that Dr. Leon is not my primary care physician and I am responsible to find one of my own to care for my routine medical needs outside of the weight loss program. **I will discontinue phentermine if I experience any adverse side effects, medication interaction or if I become pregnant or sick.** I agree to follow up as directed and to try to maintain a healthy lifestyle and diet while on the program. I am also aware that prices are subject to change.

### Restart program \*No exceptions\*

If it has been more than 90 days since your last visit you would have to pay the entire **\$80.00 to restart**  
(PRICES LISTED ON REVERSE SIDE.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Pricing:**

\*\$80.00 to start the program

\*\$10.00 to add B-12 injection with start of program

\*\$20.00 - (optional) injection two weeks after follow up visit (injection & weigh-in)

\*\$65.00 monthly check-up with physician (does not include B-12 Injection)

# Family Wellness Center

560 W. Grangeville Blvd, Ste C

Hanford CA 93230

Phone (559)583-1110

Fax (559)583-1121



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I authorize Family Wellness Center to deliver or cause to be delivered the following types of messages by voice call or text messaging using an automatic telephone dialing system or an artificial prerecorded voice:

- Appointment Reminders
- Visit recalls
- Situation/seasonal services suggestions (such as flu shots, etc.)

I authorize such message to be delivered to the following phone number (s):

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Cellphone

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Landline

I understand that by signing the agreement, I am authorizing Family Wellness Center to deliver or cause to be delivered or cause to be delivered to me certain text messages and / or voice calls and that I am not required to sign this agreement in order to receive services from Family Wellness center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date