

Weight-Management Goals and Patient/Physician Contract

Patient name:
Initial office-visit date:
Diagnosis (health risks):

Weight-Management Regimen

Weight-loss goal:

Diet plan:

Cal/day:

Special restrictions:

Medications:

Physical activity:

What _____

When _____

Where _____

How _____

How long _____

Personal Commitment Statement

Any successful weight-loss program requires you to be fully committed to changing your lifestyle. By formally agreeing to this contract, you confirm your commitment to your goals, which is essential for achieving success.

I, _____ (patient's name), am ready to take control of my life and my health by starting a realistic weight-loss program (that may include a reduced-calorie diet, increased physical activity, and prescription medication), as outlined above by you, Dr. _____ (physician's name).

I realize that I get frustrated easily with diets and weight-loss programs, and that I let this frustration defeat my efforts. I also realize that there are serious health risks that are associated with being overweight. I'm fully willing to change my lifestyle so that I can improve my health and well-being.

I am fully committed to my success and can't wait to get started!

(patient's signature) (date)

(physician's signature) (date)

