



nourished
MEDSPA AND WELLNESS CENTER

CONSENT FOR TREATMENT

Physician Supervised Medical Weight Loss Management

PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested weight loss therapy, which is used to treat obesity. The procedure may require multiple sequential treatments and/or visits. I request and consent to HCG injections along with a strict low-calorie diet for the purpose of losing weight. I understand that Nourished MedSpa and Wellness Center is a medical weight loss practice and that I will be seen by a licensed medical doctor, Jason Carter M.D. I understand that I will be instructed on how to administer the injection myself (*one shot per day*) or make arrangements to have someone do so for me. There are also options for intranasal or oral delivery of the HCG if I so desire. I understand that a complete medical history and initial blood test will be performed to rule out any conditions that would disqualify me from my program. I further understand that there could be risks involved, as there are with all medications, and that **not complying with the dietary guidelines could increase risks and alter the results**. Program information and what is expected of me will be explained to me and I will be given copies before I start. I understand that Nourished MedSpa and Wellness Center uses real pharmaceutical FDA approved drug from a reputable licensed compounding pharmacy. (*HCG is an FDA approved drug but NOT approved for weight loss*). I understand that HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat, or that it decreases that hunger and discomfort associated with calorie-restricted diets. At this point, there are no studies that show the long-term adverse effect of HCG as a weight-loss therapy.

I understand that part of the HCG protocol involves injections with vitamins Methionine, Inositol, Choline and B-12. MIC injections are typically used as an adjunct to weight loss regimen. I understand that the role of Methionine is to process and help the liver eliminate fat; Inositol is a cofactor in helping the liver break down the fats and clear them in the stool; Choline aids in fat metabolism and may also provide an energy boost.

- An MIC shot is safe and generally has no side effects, even in higher doses
- Some redness and swelling at the injection site may occur. This should start to get better within forty-eight (48) hours.
- In rare cases, MIC can cause diarrhea, itching, transitory exanthema, urticaria, feelings of swelling of the whole body.
- People with chronic liver and/or kidney dysfunction should not take frequent MIC injections

I understand that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and there can be no guarantee as expressed or implied either to the success or other result of treatment. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, my general health and lifestyle conditions. Clinical results will vary per patient. MIC injections alone will not help lose weight. Being on a diet will liberate fat cells and the purpose of the MIC is to help the liver clear the byproducts from my system. I understand that being on a strict diet is necessary for the MIC injections to work properly.

OFF LABEL PRESCRIBING

I understand that a provider is not required to use the medication as the labeling suggests. This is called off label prescribing and is specifically provided for by the FDA. Dr. Carter has found the combination of HCG with a very low-calorie diet to be helpful in weight loss. The indications for these usages are based on his experience, the experience of his colleagues, and guidelines from various medical societies. Such usage has not been as systematically studied as that suggested in the labeling and it is possible, as with most other medications, that there could be serious side effects. I believe the probability of such side effects is outweighed by the benefit of the appetite suppressant for the given dose and indication. I have decided that I am willing to accept the risks of side effects, even if they might be serious, for the possible help the diet plan may give.

PURPOSE

I understand the purpose of this treatment is to assist me in my desire to achieve and maintain a healthy weight. My continuing to participate in weight loss programs will be dependent on my progress in weight reduction and weight maintenance.

RESPONSIBILITY

It is my responsibility to follow dosing instructions carefully and to report promptly any medical problem(s) that may be related to my weight control program. I understand that in general, medications will not be prescribed without an office visit. One-time, short term exceptions can be decided on a case by case basis. Abuse of this policy or diversion of medications to individuals other than myself is grounds for dismissal.

ALTERNATIVES

There are multiple ways to decrease body weight and maintain a healthy weight. I do not have to take any medications to lose weight. A reduced calorie diet or a protein sparing modified fast and regular exercise without the use of appetite suppressants or HCG could help, even though I may be hungrier, and the weight loss may not be as great.

RISK OF PROPOSED TREATMENT

With HCG, there are possible risks of fatigue, mild headaches, bruising or swelling at the injection site or possible allergic reaction. I understand that two specific side effects have been rarely reported with the use of HCG (**blood clots and ovarian hyper-stimulation syndrome**). In addition, unless medically indicated, typical weight loss plans, after the first several weeks of dieting, the weight loss should not exceed a rate of three pounds or approximately one- and one-half percent of body weight per week. More rapid weight loss may be associated with increased risk of developing **gallbladder disease**. Nourished MedSpa and Wellness Center provides medical supervision to minimize risks associated with rapid weight loss. I also understand that weight loss can produce physical changes in the body such as interruptions in the menstrual cycle, temporary hair loss and dizziness. Such changes may indicate more serious health complications and must be reported to the Provider immediately.

RISKS ASSOCIATED WITH BEING OVERWEIGHT

I understand that people who are overweight or obese have greater tendencies toward: hypertension, diabetes /metabolic syndrome/insulin resistance, high cholesterol, asthma, GERD, fatigue, heart attack, stroke, peripheral vascular disease, abnormal cardiac rhythms, obstructive sleep apnea, pulmonary hypertension, migraines, arthritis, low back pain, depression, anxiety, decreased fertility, PCOS, various types of cancer and other problems. ***These risks/conditions can be reduced with weight loss of as little as 5 percent.*** I understand that dosages may need to be adjusted as my diet progresses.

UNKNOWN SIDE EFFECTS

The possibility always exists in medicine that the combination of a disease with methods employed for its treatment may lead to previously unobserved or unexpected effects, including death. I understand that should one or more of these conditions occur, additional medical or surgical treatment may be necessary.

COMMON SIDE EFFECTS

During a low-calorie diet, common side effects can be: *a reduced metabolic rate, increased urination, dizziness, sensitivity to cold, a slower heart rate, dry skin, fatigue, diarrhea, constipation, bad breath, dry or brittle hair, hair loss, muscle cramps, or menstrual changes.* These responses are temporary and resolve when calories are increased after the period of weight loss.

GALLSTONES AND PANCREATITIS

Overweight people develop gallstones at a rate higher than normal weight individuals. The chances of developing gallstones increase with body weight and age. Chances double for women, estrogen users, and smokers. A low-fat diet increases the chance of forming/developing stones or having complications of existing stones. If symptoms develop: right upper abdominal pain (gallbladder pain), left upper abdominal pain (pancreatitis), or if you suspect gallstones, inform your provider immediately. Abuse of alcohol and certain drugs are also associated with pancreatitis. Gall stones may need a medication or surgery. They may be associated with serious complications or even death.

PREGNANCY

To the best of my knowledge, I am not pregnant. I am aware of the precautions that should be taken to avoid pregnancy while I am on medication. If I become pregnant, I will report this to my health care professional and physician immediately. My calorie restricted diet must be stopped promptly to avoid further weight loss and potential damage to a developing fetus. ***I will take precautions to avoid becoming pregnant during the course of weight loss.*** I understand that I can request birth control pills or a referral for IUD placement or discussion of other methods of birth control.

RISK OF WEIGHT RE-GAIN

I understand that obesity is a chronic condition, and the majority of overweight individuals who lose weight have a tendency to regain all or some of it over time. Factors which favor maintaining a healthy body weight include regular exercise, adherence to a healthy diet, and having a coping strategy for weight regain before it occurs. Successful treatment may take months or years.

SUDDEN DEATH

I understand that patients with morbid obesity and serious health problems such as severe hypertension, heart disease, or diabetes, have a statistically higher chance of suffering sudden death when compared to normal weight people without these problems. ***Rare instances of sudden death have occurred while obese patients were undergoing medically supervised weight reduction, though no cause and effect relationship with the diet has been established.*** Other rare risks are primary pulmonary hypertension and valvular heart disease.

RIGHTS AND RESPONSIBILITIES

I understand that I may leave treatment at any time. I will notify Dr. Carter that I am discontinuing treatment and I am responsible to find another physician for myself who is able to assume medical care for me after I leave treatment. I will take the medication exactly as prescribed.

QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic’s general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform physician assisted weight loss therapy and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Name (please print)

Patient Signature

Date