



HCG Weight Loss Program Consent Form

I [redacted] (the "patient") request and consent to HCG injections along with a strict low calorie diet for the purpose of losing weight. I understand that A New You Health and Wellness, The Woodlands is a medical weight loss practice and that I will be seen by a licensed medical doctor, Alejandro Felix Marquis 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. 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 A New You Health and Wellness, The Woodlands 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.

I understand that any medical treatment may involve risks as well as proposed benefits. I also understand that there are certain health risks associated with remaining overweight or obese. Risks associated with remaining overweight are tendencies to high blood pressure, diabetes, heart attack and heart disease, arthritis of the joints including hips, knees, feet and back, sleep apnea, and sudden death. I understand that these risks may be modest if I am not significantly overweight, but will increase with additional weight gain. 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**. A New You Health and Wellness, The Woodlands 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.

I understand and I accept all of these risks. [redacted] INITIALS

INITIAL

I agree that I have been counseled on the HCG weight loss protocol and fully understand to be successful on this program depends solely upon my own efforts, compliance and schedule weekly visits.

I fully understand there are **NO GUARANTEES OR ASSURANCES!** This diet must be followed without deviation in order for the HCG diet to work and for me to see results.

REFRIDGERATE HCG IMMEDIATELY. I also agree and understand that once the HCG injections are in my possession, I am fully responsible for refrigerating them within 30-45 minutes of leaving A New You.

Replacement HCG injections will cost me \$100.00 (for one week supply).

I UNDERSTAND THAT RESULTS WILL VARY depending on how well I follow the HCG protocol, even if it does not make sense to me. How well I follow the diet, medications I am taking, age and metabolism are all a factor.

I CAN LOSE UP TO **3 - 5 lbs** A WEEK ON OUR PROGRAM IF I AM COMPLAINT.

I also understand that Obesity may be a chronic, life-long condition which requires a permanent change in eating habits and behavior to be treated successfully. If I have any questions regarding the risks or hazards of the proposed treatment, or any questions regarding other treatments, I will ask my doctor before signing this consent form.

Once labs are done and treatment has started, we cannot honor any refund requests based on scheduling conflicts, missed dosing, unsatisfactory results and etc.

A New You is **NOT** responsible for following up on any health issues once I have completed the weight loss program. It is up to me, the patient to follow up with my regular primary care doctor.

IF YOUR LAB WORK IS TESTED ABNORMAL, A NEW YOU WILL REFUND ALL BUT \$99 OF MONIES YOU PAID. WE RECOMMEND YOU CONSULT WITH YOUR PRIMARY CARE PHYSICIAN. WE ARE NOT RESPONSIBLE IF YOUR LAB WORK IS TESTED ABNORMAL.

DISCLAIMER: THESE WEIGHT LOSS REDUCTION TREATMENTS INCLUDE A DAILY INJECTION OF HCG. HUMAN CHORIONIC GONADOTROPIN, A DRUG WHICH HAS NOT BEEN APPROVED BY THE FDA (FOOD AND DRUG ADMINISTRATION) AS SAFE AND EFFECTIVE IN THE TREATMENT OF OBESITY OR WEIGHT LOSS BEYOND THAT RESULTING FROM CALORIC RESTRICTION, THAT IT CAUSES A MORE ATTRACTIVE OR "NORMAL" DISTRIBUTION OF FAT OR THAT IT DECREASES THE HUNGER AND DISCOMFORT ASSOCIATED WITH CALORIE-RESTRICTIVE DIETS.

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 to me and all of my questions have been answered to my complete satisfaction. I've been urged and been given all the time I need to read and understand this form. I have read and fully understand all of the above and have been informed of potential side effects and risks that may be associated with the HCG. I understand that results may vary and once I have begun the HCG protocol I am committed to seeing it through.

Patient Name (printed) _____

Patient Signature _____

Date _____