



**VA Weight Loss,  
Arjun Medical Center, PC**  
7350 Heritage Village Plaza, Suite 101  
Gainesville, VA 20155  
Ph: 571-248-6666 Fax: 571-248-6667  
www.vaweightloss.com

## **Patient Commitment Form**

### **Commitment**

Realizing that losing weight will require a great deal of time and effort on my part, I \_\_\_\_\_ wish to participate in the Medical VLCD Program, a medically monitored program for weight loss and weight management of my health I must maintain my weight loss once I reach my goal. Therefore, I am making the commitment to understand and practice the lifestyle changes presented in this program. If I find myself having difficulty, I will not hesitate to contact \_\_\_\_\_ for assistance.

### **Involvement/Product**

I agree to adhere to the program by being actively involved in the weekly office visits. I also agree to purchase and consume the amount of nutritional products prescribed to me, as they may be my sole source of nutrition. I also understand that once I have purchased the products they are not returnable. I understand that the Program requires the following services to make my weight loss effective and safe:

- Medical and psychological evaluation screening before I enter the program.
- Routine visits with a physician (at least once monthly.)
- Weekly office visits that include information on behavior modification, nutrition education and exercise.
- I will follow prescribed meal plan and consume daily requirement of nutritional products.
- I agree to purchase all of my weekly prescribed protein product from your facility.
- Individual consultation about program-related issues that may be initiated by the staff or by me.
- Weekly medical monitoring of my weight, blood pressure and weekly compliance to the program.
- Periodic blood tests and EKG monitoring at regular weight loss intervals.

I have read all the above statements and understand their meaning. It is my wish to participate in the Medical VLCD Program under the conditions described.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_