

## Program Contract

Our family is ready to make the changes needed to improve our health, by starting a realistic weight-loss program. We will actively participate in all individual and group visits. We will also make healthy changes in our eating, physical activity, and thinking.

Weight loss may be a slow process, but we realize that there are serious health risks associated with being overweight. Therefore, we are fully willing to change our lifestyle so that we can improve our health and well-being.

By signing below, we agree to the following:

- Attend all individual appointments and group sessions
- Be on time for each appointment and stay for the entire session
- If we cannot attend an appointment, we will call the office in advance
- Not miss more than 4 appointments
- Complete all forms and assessments as requested by the program

\_\_\_\_\_  
(Patient's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Family signatures)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Family signatures)

\_\_\_\_\_  
(Date)

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(Family signatures)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Family signatures)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Provider's signature)

\_\_\_\_\_  
(Date)