



5501 Pinnacle Point Drive
Rogers, Arkansas 72758
479-268-6404

Client 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 NEW DIRECTIONS PHYSICIAN WEIGHT LOSS system, a medically monitored program for weight loss and weight control.

I must meet medical and psychological screening criteria established by the NEW DIRECTIONS team of weight loss management professionals before entering the program. If medical complications unrelated to weight loss arise during the program, I will be referred back to my primary physician.

My goal is to lose weight and keep it off! I agree to participate in and complete all phases of the program... Reducing, Adapting and Maintenance.

I will attend weekly NEW DIRECTIONS sessions during all phases of the program and will notify staff when I am unable to attend. I realize that repeated absences from class may hinder my ability to progress through Adapting into Maintenance. I also realize that I have the option of leaving the program at any time, but I must notify the center one week before I depart. Re-entering the program is possible, but a lapse of three (3) months will require new lab work, EKG and Physician visit.

I understand that in the interest 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 call to contact New Directions at 479-268-6404 for assistance.

INVOLVMENT/PRODUCT

I agree to adhere to the NEW DIRECTIONS system by being actively involved in the weekly sessions. I also agree to purchase and consume the amount of the NEW DIRECTIONS nutritional products prescribed to me. I understand that the meal replacements are my sole source of nutrition. Once I have purchased the meal replacements they cannot be returned. I realize that if I am not complying with the protocols set forth, I can be discharged.

I understand that the NEW DIRECTION system offers the following services to make my weight loss effective and safe:

- Medical and psychological screening before entering the NEW DIRECTIONS program
- Routine visits with a NEW DIRECTIONS physician
- Weekly sessions that include information on behavior modification, nutrition and fitness
- NEW DIRECTIONS nutritional products
- Individual consultation about program related issues that may be initiated by the staff or by me
- Weekly medical monitoring of my weight and blood pressure
- EKG monitoring at regular weight loss intervals
- Evaluation of routine lab work at regular intervals
- Evaluation of body composition at regular intervals

I have read all the above statements and understand their meaning. It is my wish to participate in the NEW DIRECTIONS program under the conditions described.

Client's Signature _____ Date _____

NEW DIRECTIONS Staff Signature _____ Date _____