

SunCoastAI

SUNCOAST AI WEGHT LOSS MANAGEMENT PROGRAM

INTRODUCTION and PATIENT CONTRACT

Dr. Eriksen's Medical weight loss management program is supervised weekly to biweekly and includes medications, along with vitamin supplements which are all supervised. This way each patient's progress can be monitored and allow the patients to learn along the way how to maintain a healthy lifestyle once they are finished with the program.

Dr. Eriksen does not dictate what diet plan each patient must follow, the patient along with the guidance of Dr. Eriksen will incorporate important aspects from numerous diets involving increased protein, decreased carbohydrates and lowering overall calorie consumption allowing safe and healthy weight loss. Programs included are Ideal Protein, Adkins, and South Beach diets. Dr. Eriksen will work with each patient and decide what their goals are and depending on what amount of weight loss is necessary, work towards phases of weight loss. Each plan is created individually for the patient and there is flexibility along the way as plateaus are reached and some type of change is necessary.

We ask patients to come in for weekly visits and biweekly physician appointments. This way each patient's food diary and exercise diary can be reviewed. I encourage patients to write down any questions prior to their visit so they can be answered on the appointment day. The appointments will range in time from am appointments for medication refills and afternoon appointments for physician appointments.

Each appointment will entail weigh in, BP check and patients must show at least a 2 lb weight loss per week to maintain the medications. Patients must understand that this program will work with the support and knowledge given but it is ultimately up to the patient to follow through with the plan for reaching their goal weight.

When signing up for this plan, each patient has to be committed and willing to be responsible to themselves so they can achieve their weight loss goals.

Date: _____

Printed Patient Name: _____

Signed Patient Name: _____

Dr. Eriksen: _____

We would like to take "before" and "after" photos of each patient in order to see how you have progressed over the length of the program. Please sign below giving us consent to take your photos.

I give my consent for Suncoast AI to take my "before" and "after photographs.

Patients signature: _____

Date: _____