



Patient name: _____ Date of birth: _____

WEIGHT LOSS MANAGEMENT AGREEMENT

The purpose of this agreement is to explain how the Athena Family Medicine Weight Loss Program works and what we expect from each other. Signing it does **not** guarantee that you will be prescribed weight loss medication. You must first be evaluated face to face by Dr. Vo and approved as a candidate. This agreement is reviewed and signed by both you and Dr. Vo.

Medication and dose	Prescribed for
	Weight management
	Weight management

Goals of treatment

- To reach and keep a healthier weight, together with changes in eating habits and more physical activity.
- To improve my health and my ability to carry out daily activities, as safely as possible and without dangerous or permanent side effects.

Initials: _____

Program requirements

- Before starting medication, I will complete a physical exam, an EKG and lab work.
- I will complete a **monthly consultation** by submitting the monthly form through the Athena patient portal (or in the office), reporting my **current weight, blood pressure, side effects and any concerns**. Dr. Vo must review it before my next prescription is sent.
- I must be seen **face to face in the clinic at least once a year**, including an EKG and lab work, to continue in the program.
- The length of treatment will be decided by Dr. Vo.

Program fees (self-pay)

Service	Fee	When it is paid
Initial consultation and annual face-to-face visit	\$165 per visit	Before the appointment is scheduled
Monthly consultation (online, patient portal)	\$80 per month	Before the consultation is reviewed
Optional in-office visit between yearly visits (replaces that month's online consultation)	\$145 per visit	Before the appointment is scheduled

- Fees can be paid online at athenafamilymedicine.com or by calling our office. **My prescription is sent only after my monthly consultation is reviewed and the \$80 fee is paid.** The \$80 fee covers Dr. Vo's review and is not refunded, even if my dose is changed or my medication is paused for safety.
- **Pharmacy:** my prescription is sent to the pharmacy of my choice. I pay the pharmacy directly for my medication and any delivery fees. **Athena Family Medicine is completely independent of all pharmacies**, does not sell or dispense medication, and has no financial ties to any pharmacy. Fees above are for medical services only.
- If I cancel at least 24 hours before an appointment, my prepaid visit fee will be refunded, minus Square card processing fees. **With less than 24 hours' notice, or if I miss the appointment, the full visit fee (\$165 or \$145) is not refunded.** Insurance is not billed for this program; lab work is billed separately by the lab. Fees may change with 30 days' notice.

My responsibilities

- I am responsible for my medication. I will not share, sell or trade it, and I will not take anyone else's medication.
- I will not increase my dose or change how I take my medication without talking with Dr. Vo first.
- Lost, stolen or used-up medication may not be replaced early.
- I will not use other weight loss medications or products (including those bought online, at spas or at other clinics) while in this program unless Dr. Vo approves.
- I will use one pharmacy of my choice at a time and tell the office if I change pharmacies. I will tell Dr. Vo about any new medications, health changes, or if I become pregnant, plan a pregnancy or am breastfeeding.
- I understand that some weight loss medications are controlled substances, and their prescriptions are tracked by the Texas Prescription Monitoring Program.

Initials: _____

Risks and results

- Dr. Vo has explained the possible benefits and side effects of my medication. I will report side effects promptly and call 911 or go to the emergency room for serious symptoms.
- Results vary from person to person. No specific amount of weight loss is guaranteed.

Ending this agreement

- If I do not follow this agreement or the clinic's Office Policy, I understand that Dr. Vo will no longer prescribe weight loss medication to me.
- If Dr. Vo decides the medication is causing more harm than benefit, it may be stopped or tapered safely.
- Ending weight loss treatment does not end my primary care at Athena Family Medicine.

Initials: _____

I have read this agreement, or it has been read to me, and my questions have been answered. I agree to follow the Athena Family Medicine Weight Loss Management Agreement.

Patient name (printed)

Patient signature

Date

Kevin Vo, MD, signature

Date