

MEDIQUICK

WEIGHT LOSS

Date: _____

Patient Name: _____
(Please Print) First Name MI Last Name

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Age: _____ Sex: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

How did you hear about us? Friend ___ Groupon ___ Spa Service ___ Social Media ___

Other _____

FAMILY HISTORY

	<u>AGE</u>	<u>STATUS</u> (circle one)	<u>CONDITION(S) / CONCERN(S)</u>
Mother:	_____	Living / Deceased	_____
Father:	_____	Living / Deceased	_____
Sibling(s):	_____	Living / Deceased	_____
	_____	Living / Deceased	_____
	_____	Living / Deceased	_____
	_____	Living / Deceased	_____

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MEDICAL GUIDELINES

In order to meet the standard for safe prescribing, the following medical conditions may exclude the patient from treatment:

History of:	(circle one)	
BMI < 25	NO	YES
Untreated High Blood Pressure	NO	YES
Alcohol; Drug Abuse; Addiction	NO	YES
Bipolar Disorder; Major Depression	NO	YES
Heart Disease to include Valve Disease	NO	YES
Heart Arrhythmia; Palpitations	NO	YES
History of Stroke; TIA	NO	YES
Pulmonary Hypertension	NO	YES
Congestive Heart Failure	NO	YES
Glaucoma	NO	YES
ADD; ADHD	NO	YES
Anorexia; Bulimia	NO	YES
Hyperthyroidism	NO	YES
Diabetes	NO	YES
Anxiety; PTSD	NO	YES
Emphysema; Asthma	NO	YES
Kidney Disease	NO	YES
Daily Decongestants	NO	YES
Edema or Swelling of Extremities	NO	YES
Pregnancy; Trying to get Pregnant; Nursing	NO	YES
Liver Disease; Cirrhosis	NO	YES

Other Medical Conditions/Current Medications: _____

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Side Effects/Risks of use for Phentermine:

- Phentermine may cause side effects. If any of the following symptoms become more severe or do not go away, notify your doctor immediately:

Dry mouth	Diarrhea
Constipation	Vomiting

- Phentermine may cause serious side effects. If you experience any of the following symptoms, immediately cease use of Phentermine and notify your doctor immediately:

Heart palpitations	Restlessness	Increased blood pressure
Dizziness	Tremors	Insomnia
Shortness of breath	Chest pain	Swelling of the legs and ankles

- Phentermine should not be taken during pregnancy or while breast-feeding. If you become pregnant during treatment, you are to discontinue use of Phentermine immediately and notify MediQuick Weight Loss and your OB/GYN immediately.
- Phentermine may cause other side effects. Notify your doctor if you experience any unusual problems during the course of your treatment.
- Phentermine use should be discontinued at least 2 weeks prior to any General Anesthesia

Side Effects/Risks of use for B12 and Fat Burner:

- Before starting B12 or Fat Burner injections, be sure to inform the medical staff if you have any of the following history/concern(s):

Pregnant or lactating	Infection(s)
Leber Disease	Iron deficiency
Kidney Disease	Folic Acid deficiency
Liver Disease	

Taking any medication or receiving treatment that has an effect on bone marrow
Allergies to any medication, vitamins, dyes, food, preservatives, or cobalt

- Uncommon and dangerous side effects include:

Rapid heartbeat	Dizziness
Chest pains/tightness in chest	Confusion
Irregular heartbeat/palpitations	Depression
Flushed face	Skin rash/hives
Restlessness	Shortness of breath without exertion
Muscle cramps and weakness	Unusual wheezing and coughing
Difficulty breathing and swallowing	

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- B12 and Fat Burner injections may cause other side effects. Notify your doctor if you experience any unusual problems during the course of your treatment.

Side Effects/Risks of use for Human chorionic gonadotropin (hCG):

- hCG may cause side effects. If any of the following symptoms become more severe or do not go away, immediately discontinue use of hCG and notify your doctor immediately:

Bloating	Stomach or pelvic pain	Decreased amount of urine
Feeling of indigestion	Nausea	Vomiting
Diarrhea	Shortness of breath	Acne
Headache	Irritability	Restlessness
Fatigue	Depression	Pain in the area of injection
Swelling in the feet, ankles, lower legs, or hands		Swelling of breasts in men

- hCG may cause serious side effects. If you experience any of the following symptoms or conditions, discontinue use of hCG and notify your doctor immediately:

Allergic reactions	Skin rash/hives	Blood clots
Hair loss	Multiple pregnancies (conceiving twins, triplets, etc.)	
Ovarian Hyper-Stimulation Syndrome (OHSS)		Arterial Thromboembolism

- hCG should not be used in lactating women who are breast-feeding due to lack of clinical testing.
- hCG for use in weight loss is not approved by the FDA and has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or 'normal' distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets.
- The 23 or 40 Day hCG Diet should not be utilized if you suffer from kidney or liver disease as the diet restrictions can seriously worsen these conditions.
- hCG may cause other side effects. Notify your doctor if you experience any unusual problems during the course of your treatment.

*MediQuick Weight Loss Center provides individual, unique and comprehensive care for each patient. The health information listed is provided for patient's knowledge and for educational purposes. Please discuss any and all concerns with your Healthcare Provider.

FINANCIAL RESPONSIBILITY

It is the responsibility of each patient to arrange payment for the medical services received at MediQuick Weight Loss Center.

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- I acknowledge/understand that my payment is due at the time services are rendered. All payments are non-refundable. If pre-payment is made for any package that includes B12 or FB injections to be administered at the clinic on a weekly basis, I am expected to return each consecutive week to receive the injection or the injection is forfeited for that week and payment is non-refundable. If pre-payment is made on any 3-month weight loss package, I am expected to return for 2 consecutive months or package is forfeited and payment is non-refundable. If I purchase hCG package/injections, I am expected to return each week for injections or entire package (including injections) is forfeited and non-refundable. (Please Initial) _____
- I acknowledge/understand that following my consultation with my Provider, if I elect to not participate in the available weight loss program/packages or I am medically disqualified from my desired medication, I am still responsible to pay for my medical consultation. I also understand that this consultation will apply towards my annual consultation required to participate in MediQuick's stand-alone Vitamin injection program. (Please Initial) _____

CONSENT FOR TREATMENT

Patient authorizes and consents MediQuick Weight Loss Center to treat/provide services as deemed necessary and appropriate by the Medical Providers or other healthcare professionals at MediQuick Weight Loss Center. Medical treatment/services may be performed by "Healthcare Professionals" (i.e. Physician, Advanced Practice Adult or Family Nurse Practitioner, Physician Assistant and Certified Medical Assistant/Technician). The consent to receive invasive and non-invasive medical treatment services includes, but is not limited to: physical examination, medications, vitamins (both orally and by intramuscular injection, hormone injections, body measurements (to include height, weight, blood pressure readings, pulse rate, BMI and body fat percentage), laboratory testing, and other services.

- **hCG Only:** I acknowledge/understand that if I receive hCG injections, effective contraception must be considered and preventative contraception should be initiated as soon as possible as hCG injections may cause increased fertility and may increase the likelihood of multiple pregnancies (twins, triplets, etc). (Please Initial) _____
- I acknowledge/understand that much of the success of the program will depend on my individual efforts and there are no guarantees or assurances that the results will meet my expectations.
- I acknowledge/understand that MediQuick Weight Loss Center and staff is treating me ONLY for weight loss. MediQuick Weight Loss and staff are not responsible for the diagnosis and/or treatment of any other medical conditions. It is my individual responsibility to notify my Primary Care Physician of the use of any medication prescribed by this program.
- I understand that not complying with the dosage and dietary recommendations and restrictions could increase risks and alter my results for the program. If I do not follow these recommendations and restrictions, I agree to release the doctor, staff and MediQuick Weight Loss Center, Inc from any liability arising as a result. While adverse side effects or complications are not expected, in the event that illness does occur, I understand the need to contact MediQuick Weight Loss Center immediately. If I experience an emergency situation, I understand that I need to go to an emergency facility. I understand that if there are any changes to my medical history, medications or any changes relevant to my treatment, I will advise

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MediQuick Weight Loss Center at such time. I agree to release the doctor, staff and MediQuick Weight Loss Center, Inc from any liability associated with my treatment. In the event a dispute arises over the outcome of my treatment, I consent solely to arbitration as a legal means of settlement.

- I can read and understand English. I have read and understand this consent. All questions I have concerning this form and proposed treatments have been answered to my complete satisfaction. I have been urged to speak with my doctor concerning the risks associated with any and all proposed treatments.

Patient Name: _____
(Please Print) First Name MI Last Name

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____