



Phentermine Informed Consent

I request the use of Phentermine for the purpose of weight loss. I understand as part of this program I will be given a limited orientation to the program with supporting materials, and I will be instructed on how to administer phentermine to myself. I understand initial blood tests (complete blood count, metabolic panel, thyroid levels, and lipid panel) may be required to rule out any conditions that would disqualify me from the program. I will obtain these from my own medical provider or have them ordered through Anew Weight Loss Center, PLLC.

I understand there is no guarantee for the effectiveness of phentermine. I agree, I am and will be under the care of another medical provider for all other health conditions. The medical practitioner, at Anew Weight Loss Center, can work in conjunction with, but cannot replace, my regular primary care provider. I understand the medical practitioner, at Anew Weight Loss Center can prescribe phentermine for overweight and obesity treatment, and all other health matters should be through my primary medical provider(s). Prior to my treatment, I have fully disclosed any medical conditions or diseases such as history of mental health disorder, diabetes, stroke, heart disease, liver disease, kidney disease, uncontrolled high blood pressure, glaucoma, alcoholism, drug abuse, pulmonary hypertension, hyperthyroidism, and attention deficit disorder. These contraindications have been fully discussed with me. Further contraindications are outlined below. If I fail to disclose any medical condition I have, I release the Anew Weight Loss Center, the medical provider, and facility from any liability associated with this medication.

Contraindications and Warnings

Patients with the following **should not** use phentermine/stimulants:

- An allergy to phentermine/stimulants
- Are in an agitated state
- Have a history of drug or alcohol abuse
- Women who are nursing, pregnant, or plan on becoming pregnant
- Bipolar depression
- Glaucoma
- Pulmonary hypertension
- History of chest pain or abnormal heart beat
- History of kidney failure
- History of liver failure
- History of stroke
- Prescribed other stimulant medications (i.e. Adderall, Ritalin, Vyvanse)
- Those who have taken a monoamine oxidase inhibitor (MAOI) within the last 14 days
- Have advanced arteriosclerosis, cardiovascular disease, moderate to severe hypertension
- Hyperthyroidism

Patients with the following should take special precautions and consult their doctor before using Phentermine:

- Allergies to medicines, foods, or other substances
- Those who have diabetes may need a larger dose of insulin while taking phentermine
- Have a brain or spinal cord disorder, hardening of the arteries, high blood pressure, diabetes, or high cholesterol or lipid levels

Side Effects

While Phentermine/stimulants is generally free of negative side effects, there is the possibility of the following:

- Dry mouth
- Unpleasant taste
- Heartburn



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- Skin Rash or Itching
- Diarrhea
- Constipation
- Stomach Pain
- Lactic acidosis
- Fatigue
- Nausea/ Vomiting
- Hypertension
- Increased blood pressure or heart rate
- Insomnia or Restlessness
- Changes in mood

Less common side effects include:

- Convulsions (seizures)
- Erectile Dysfunction
- Depression/Anxiety
- Panic attacks
- Fever
- Hallucination
- Tremors or shaking
- Fainting
- Overactive reflexes

I understand phentermine treatment may involve these risks and other unknown risks. I agree, I will not take phentermine if I have any of the above medical conditions listed in the contraindication section of this consent form. I agree to **not** take phentermine medications if I am trying to become pregnant. I agree to immediately report any problems that might occur to my primary medical provider during the treatment program. I agree to stop phentermine if I have developed any of the above mentioned contraindications.

I agree: I am between the ages of 18 to 65 years old. I have a BMI of 27 kg/m² or greater. I **may not** be prescribed phentermine if I am currently prescribed phentermine from another medical provider, have not lost 5% of my body weight while taking phentermine over a 3-month period, or have been prescribed phentermine for 12 months or greater. I give permission to Anew Weight Loss Center to retrieve my medication history and controlled substance report for safe prescribing.

I understand I may quit the program at any time. If I experience an emergency situation, I understand that I need to go to an emergency facility. I understand I will **not** be entitled to any refunds for the services provided from Anew Weight Loss Center, even if I have to stop taking phentermine due to side effects or changes in my medical condition.

I have read and fully understand the above terms. If I do not follow the recommendations and restrictions, I agree to release the medical provider and facility from any liability arising as a result of this.

Printed Name

Date

Client Signature