

Willingness to Comply

I, _____, in understanding that the gastric band is a tool, agree to work with the bariatric team at the Health for Life Center to ensure a successful path to weight loss as outlined below:

- I agree to follow up in the clinic with the registered dietician every 30-35 days if applicable and to follow my nutritional plan as outlined to the best of my ability.
- I agree to take advantage of the clinics educational and mental health services should I need them pre and post-op including support groups.
- I agree to incorporate some form of activity in my life as instructed before and after surgery, as I am physically able, to facilitate the lifestyle changes necessary for successful weight loss.
- I agree to follow my surgeon's instructions to complete any pre-surgical testing to ensure my surgery is safe.
- I agree to stay in communication with my bariatric team in order to facilitate my care and answer any questions I may have.
- I agree to keep all follow up appointments to include labs and band fills so my bariatric team can monitor my progress and avoid potential complications.
- I agree to continue to learn and implement the lifestyle changes taught to me by my bariatric team to ensure a successful weight loss journey.

The bariatric team has evaluated this patient and found him/her to be in compliance with the treatment plans of the Health for Life clinic.

Patient

Registered Nurse

Registered Dietician

Licensed Professional Counselor

Physician