

INFORMED CONSENT FO USE OF APPETITE SUPPRESSANTS

I. PROCEDURE AND ALTERNATIVES

A. I, _____ (patient or patient's guardian) authorize Dr. Judi Goldstone to assist me in my weight reduction efforts. I understand my treatment may involve, but may not be limited to, using appetite suppressants for more than 12 weeks and, when indicated, in higher doses that the dose indicated in the labeling for the appetite suppressant.

B. I have read and understand the following statements of Dr. Goldstone:

1. Medications, including appetite suppressants, have labeling written and agreed to by the makers of the medication and the U.S. Food and Drug Administration. This labeling contains, among other things, suggestions for using the medication. The appetite suppressant labeling suggestions are generally based on shorter term studies (up to 12 weeks) using the dosages indicated in the labeling.

2. As a bariatric (weight loss) physician, I have found that certain appetite suppressants are helpful for periods far in excess of 12 weeks, and at times in larger doses that than those suggested in the labeling. As a physician, I am not required to use the medications only in the manner the labeling suggests, but I do use the labeling as a source of information along with my own experience, the experience of other doctors and medical professionals, longer term studies, and recommendations of university based investigators. Based on this body of knowledge and experiences, I have chosen, when indicated, to use the appetite suppressants for longer periods of time, and at times, in increased doses.

3. Use of certain suppressants for longer periods of time, and in increased doses, have not been studied as systematically as the time period usage and doses that are suggested in the labeling. It is possible, as with most other medications, that serious side effects (as noted below) could occur.

4. As a bariatric physician, in the instances where I prescribe appetite suppressants for longer periods of time and/or in higher doses, I believe the probability of such side effects is outweighed by the benefits of using the suppressants for longer periods of time and/or in higher doses. However, you must decide if you are willing to accept the risks of side effects, even if they might be serious, in order to obtain the possible help the appetite suppressants may give you when used in this manner.

C. I understand it is my responsibility to carefully follow Dr. Goldstone's instructions, and as soon as reasonably possible to report to Dr. Goldstone any significant medical problems that I think might be related to my weight control program.

D. I understand the purpose of this treatment is to assist me in my desire to decrease my body weight and to maintain the lower weight. I understand that continuing to receive an appetite suppressant will be dependent on my progress in weight reduction and weight maintenance.

E. I understand there are other ways and programs that can assist me to decrease my body weight and to maintain the lower weight. In particular, a balanced calorie counting program or an exchange eating program without the use of an appetite suppressant would likely be successful if followed such a program, even though I would probably be hungrier without the appetite suppressants.

II. RISK OF PROPOSED TREATMENT

A. I understand my authorization is given with the knowledge that the use of one or more appetite suppressants for more than 12 weeks and in higher doses than the dose indicated in the labeling involves some risks and hazards. The more common risks include: nervousness, sleeplessness, headaches, dry mouth, weakness, tiredness, psychological problems, medication allergies, high blood pressure, rapid heart beat and heart irregularities. Less common, but more serious, risks are: primary pulmonary hypertension and valvular heart disease. These and other risks could, on occasion, be serious or fatal.

B. For any surgery involving general anesthesia, it is extremely important that the anesthetist and surgeon be made aware of your use of any appetite suppressant medication, since potentially dangerous side effects may develop during surgery from the combined use of these medications and general anesthesia. It is recommended that any patient undergoing surgery stop using all appetite suppressants two weeks prior to the surgery date.

III. RISKS ASSOCIATED WITH BEING OVERWEIGHT OR OBESE

I am aware there are certain risks associated with remaining overweight or obese. Among them are tendencies to: high blood pressure, diabetes, heart attack and heart disease, and arthritis of the joints, hips, knees, and feet. I understand these risks may be modest if I am a only mildly overweight, but that these risks can increase significantly the more overweight I am.

IV. NO GUARANTEES

I understand that much of the success of the program Dr. Goldstone prescribes for me will depend on my efforts and there are no guarantees or assurances that the program will be successful. I also understand that I will have to continue watching my weight for the rest of my life, in order to be successful.

V. PATIENT’S CONSENT

I have read and fully understand the contents of this consent form and I realize that I should not sign this form if all items and issues have not been explained, or any questions I have concerning them have not been answered to my complete satisfaction. I have been urged to take all the time I need to read and understand this form and to talk with Dr. Goldstone regarding the risks associated with the proposed treatment, and regarding other treatments not involving the use of appetite suppressants.

VI. WARNING

If you have any questions regarding the risks or hazards of the proposed treatment, or any questions whatsoever concerning the proposed treatment or other possible treatments, please ask Dr. Goldstone NOW, BEFORE SIGNING THIS CONSENT FORM.

Date: _____ Time: _____

Patient/Guardian: _____
(Signature)

VII. PHYSICIAN DECLARATION

I have explained the contents of this consent document to the patient and have answered all the patient’s related questions, and to the best of my knowledge, I feel the patient has been adequately informed regarding the benefits and risks associated with the use of the relevant appetite suppressants, the benefits and risks associated with alternative therapies, and the risks of continuing in an overweight state. After being adequately informed, the patient has consented to therapy involving the use of one or more appetite suppressants.

Dr. Judi Goldstone Date