



# Dr. Geoff Medical Weight Loss

[www.drgeoffweightloss.com](http://www.drgeoffweightloss.com)

## Intake Packet

### Mission Statement & General Policy

Dr. Geoff Medical Weight Loss began in 1986. From the very beginning it has been our goal to provide the very best, most complete, and medically informative program to be found anywhere, at any price. The program is based on years of experience, scientific, research, and medically sound practice. We are proud to be free of gadgets, hype, or sponsors with only one point of view. Every person who joins this program should be able to take away valuable, applicable information that will assist weight loss/management as it pertains to each individual. We recognize that weight loss is a great challenge requiring many choices to achieve success. Each client will be treated fairly, courteously, and professionally, without regard to age, gender, religion, race, or national origin.

Please read *all* information provided in your folder. It is important that each person who joins our program be honest and open with use. Be sure to list all medications, herbal supplements, vitamins, nutraceuticals, etc. that you may be taking. If at any time, you have any questions or concerns, please present them to the nurse on your next visit, or call the office. We need to be completely informed in order to better assist you.

Weekly office visits are important for motivation, support and education. No appointment is necessary for follow-up visits, and you may vary the day and time of your visits to suit your schedule. Please refer to your folder for a complete list of our business hours.

All new patients are routinely screened for thyroid disorders and salt imbalances. Testing can be done at any outpatient or hospital laboratory. It is recommended that you check with your insurance company *before* scheduling your blood work. We will accept reports from your doctor if they are fairly recent (in the past few months). It is important to have these tests to ensure your health.

**PLEASE NOTE:** the appetite suppressant you will be taking are controlled prescription medication. Take them only as directed. **DO NOT** give medication to anyone else. They are for you and you alone. If a friend or relative is interested in our program, please have them call us. **DO NOT** allow them to "sample" your medication. By joining this program, you agree to take only what is prescribed in this program. You further agree **NOT** to take any other weight loss medications, or herbal supplements for weight loss from any other source at any time, while enrolled in this program. Any misuse or abuse of any medications or misrepresentation of your medical information or medical history will be grounds for immediate termination from the program. Such action constitutes fraud and may be punishable by law.

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**Your Signature**

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**Date**

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**Witness**