



Entrance Agreement for Woman's Clinic Why Weight Diet Program

Commitment of Patient

I, _____, am making a personal commitment to the Why Weight diet program overseen by healthcare professionals of Woman's Clinic, PA. I understand that if I follow this diet as instructed I should have weight loss or inches loss each week until I reach my goal. Equally, I understand that it is the Woman's Clinic intent to not waste my time and money as a patient, and that my success in this program will benefit both me and the Woman's Clinic.

I understand that after beginning the Why Weight program, a lack of forward progression and unfavorable results upon three visits to the Woman's Clinic will result in my separation from the diet program. I realize that the position of the Woman's Clinic is firm on this matter. These guidelines have been put in place to aid in my accountability, resulting in success.

I understand that should I become separated from the Why Weight program, I will be allowed to rejoin the program after a 90 day waiting period. Upon rejoining, I will also be charged the full amount of a \$100.00 consultation fee with a Woman's Clinic diet coach.

Commitment of Woman's Clinic

It is the intent of the Woman's Clinic to help _____ be successful in her/his lifestyle change by encouraging, uplifting, teaching, and being tough with accountability. We promise not to waiver in putting our patient's time and resources above our own financial gain in regard to her/his success.

Woman's Clinic

Patient

Print Name

Print Name

Signature

Signature

Date

Date