



Charities House
25 Point Finger Road
Paget, DV 04
Bermuda

tel: (441) 295-5100
fax: (441) 295-5101
info@oceanrockwellness.com

Optimal Healthy Weight Program Client Agreement

General Practitioner/ Family Physician

You will need a General Practitioner (GP)/ Family Physician while working with Ocean Rock Wellness Ltd. We cannot see you here without a GP/ Family Physician on record. We do not handle medical or mental health emergencies. Your GP/Family Physician will only be contacted by our staff if a situation arises that requires the attention of your local provider.

The Ocean Rock Wellness Approach

We strongly recommend that you fully commit to our approach in order to succeed. Working with multiple centers or physicians, other than your GP/Family physician, may create contradiction, confusion and frustration – ultimately delaying your progress.

Our clinical team is your support system for making the necessary lifestyle changes. If you maintain regular ongoing appointments, as requested by the clinical team, you will get maximum benefit from the program.

A Partnership and a Process

If you do not see immediate results, don't give up. **Long-term weight loss** is the ultimate goal and is based on a **partnership** and a **process**. It takes time, **patience** and **persistence** to create the **lifestyle changes** required to reach this goal. This is why we ask for your **yearlong commitment**. You will have to work hard, and so will we. You will not be alone we will support you throughout this transformation.

Prescribed Changes

Your commitment to comply with prescribed dietary changes, supplements, medications, exercise as well as other treatment recommendations, is the key to your success. If you do not follow the plan with reasonable consistency, your progress will likely be limited.

I have read, understood, and agree to the above statements.

I have read, understood, and agree to the Policies of Ocean Rock Wellness Ltd.

I am responsible for any payment not covered by my insurance company and fees are payable at the time or in advance of service.

Please Print your name

Client Signature (or person with authority to consent for the patient)

Date