Carolina Weight Loss, PA
Registration

Name: _____ **DOB:** _____

How did you hear about us? Check all that apply:

Friend _____ **Website**_____ **FB** _____ **Google** _____ **Other (specify)** _____

Home Number: _____ **Work Number:** _____

Cell Number: _____ **E-Mail Address:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Medication:	Strength:	How often is medication taken?

Updated (Counselor): _____

Updated (Counselor): _____

Client should initial at each line:

- Monthly packages purchased will include 4 consecutive visits. (Exception: Family Discount Package – which includes 5 consecutive visits.)
- Once a package begins, you have 5 weeks to complete your 4 consecutive visits. One **no show, cancellation or re-schedule** will be allowed per package.
  - Exception: Prescription Packages- must visit each week-no missed visits allowed.
- If visits are not used within the 5-week period, you will be required to renew your package and forfeit remaining visits.
- Open products are non-refundable and nonexchangeable.

Date: _____ **Signature:** _____

To ensure a safe weight loss program, please answer the following health questions.
Do you have any of the following problems? If so please check:

___ Pregnancy or Breastfeeding
___ Last menstrual cycle
___ Pacemaker
___ Defibrillator
___ Hypertension/High Blood Pressure
___ Heart Disease
___ Cancer
___ Glaucoma
___ History of Stroke/TIA/Heart Attack
___ Kidney/Liver Disease
___ Thyroid Disorder
___ History of eating disorder
___ History of depression
___ Current/Past drug addiction
___ History of suicide attempt
___ Unable to exercise
___ Breathing – Circle any or all
COPD/Bronchitis/Asthma/Lung Disease

Are you under the care of a physician for a medical problem? _____

List any previous surgeries: _____

Allergies: _____

What diets have you tried in the past? _____

How much weight did you lose? _____ **What is your goal weight?** _____

What didn't work for you in the past and why? _____

Why do you think you're overweight now?

Lack of time **Overeating** **Slow metabolism** **Medical problems**

Lack of exercise **Illness/Injury** **Stress**

Do you exercise and how often? _____

What questions do you have? _____

Date: _____ **Signature:** _____

Carolina Weight Loss, PA
Photograph and Video Release Form

I hereby grant Carolina Weight Loss permission to the rights of all

1. Images (photographs)
2. Video recordings
3. Audio files
4. Biographical information
5. Written statements/testimonies

of myself to be used in connection with publicizing and promoting Carolina Weight Loss and I may be identified by name and/or title in printed, internet or broadcast information. I understand all of the above may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve of the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of all the items listed above. There is no time limit on the validity of this release nor is ther any geographic limitation on where these materials may be distributed.

I understand all items listed above shall remain the property of Carolina Weight Loss.

I hereby release, acquit and forever release Carolina Weight Loss from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said items including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below

_____ _____
Signature of Individual Date

Printed Name _____

If individual is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

_____ _____
Signature of Parent/Guardian Date

Printed Name of Parent/Guardian: _____

Non-Participation

☐ I do not wish to participate in any photographs or videos.

_____ _____
Signature of Individual Date

Printed Name of Individual _____