

Current Weight: _____

Desired Weight: _____

Desired Completion Date: _____

Today's Date _____

Weight loss can be complex. If you have failed in the past, it could be because you have some of the following

Abdominal Pain

Fatigue

Fibromyalgia

Diarrhea

Difficulty getting to sleep

Depression

Constipation

Difficulty staying asleep

Mental Fatigue

Gas after a meal

High amounts of stress

Menopause

Frequent urination

Over heating

Muscle pain

Sugar cravings

Cold hands and feet

Joint pain

Irritable if meals are missed

Low sex drive

Back pain

Fatigue after meals

Knee pain

Hip pain

Take pain medication

If there was something you could do about these conditions, would you want to do so? Yes or No

How did you hear about us? _____

Name _____

Phone _____ - _____ - _____ Phone Carrier (example: Verizon, Sprint, etc.) _____

DOB _____

Address _____

City _____ State _____ Zip _____

Age _____ Email _____

Occupation _____ SSN _____

Steven Sorbera, LLC

Medical Waiver and Release of Liability

The weight loss program presented by Steven Sorbera, LLC, is based upon acidity, toxicity, hormonal imbalances, and nutritional deficiencies. The result of this program may vary based upon your age, health, and overall physical condition. You should consult with your personal physician prior to starting any weight reduction program, including that offered by Steven Sorbera, LLC's weight loss program. Should you have any medical condition or physical issue whatsoever, please consult your physician prior to beginning Steven Sorbera, LLC's weight loss program. Changing your diet or losing weight may affect some medical conditions and medications. Please note that if you are currently taking prescribed medications or herbal remedies, you should consult with your physician prior to beginning the Steven Sorbera, LLC weight loss program.

Steven Sorbera, LLC, makes no guarantees as to the results of this weight loss program, and in order to recoup the full benefit of this program, you must follow the plan as prescribed by Steven Sorbera, LLC. By signing this Waiver and Release, you hereby agree that neither Steven Sorbera, LLC nor Dr. Steven Sorbera, individually, or staff will bear any responsibility whatsoever for any health-related issues resulting from your involvement in this weight loss program. Furthermore, the relationship between you and your insurance company is one that Steven Sorbera, LLC has no control over nor any input into, and therefore Steven Sorbera, LLC is not liable for any charges incurred if your insurance company does not contribute or pay for these services. You bear full responsibility for the payment to Steven Sorbera, LLC, for your participation in the weight loss program. Also, no refunds will be given for any reason. By signing this contract, you are purchasing a weight loss system, with full responsibility, for your payments, and for following the protocol given. Refunds will not be considered for any reason even if a medical provider has advised against following the program.

Date _____ Signature _____

Company Representative _____

Health Insurance Portability and Accountability Act

HIIPA (Privacy Act Notification)

This form states that I have read and understood the HIIPA (Heath Insurance Portability and Accountability Act) notice.

Signature _____

Date _____

Staff Signature _____

Date _____