

**Brody School of Medicine at East Carolina University  
Department of Family Medicine**

***Weight Loss Contract***

Patient \_\_\_\_\_ Physician \_\_\_\_\_

Weight control is a very important issue in improving your health. This is a behavioral change contract, which emphasizes how important it is to take control of your eating and lifestyle habits. The contract outlines specific goals that you set, along with your doctor, and holds you, the patient, accountable for meeting them. This contract will be revised and updated at least every 6 months.

**Weight Loss Contract**

I, \_\_\_\_\_, agree to achieve my goal of \_\_\_\_\_ pounds and contract to the following:

**Physical Activity**

- I will engage in physical activity \_\_\_\_\_ times per week for \_\_\_\_\_ minutes.

**Eating**

- I will limit my intake to \_\_\_\_\_ calories per day.
- I will start eating:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- I will avoid eating:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Reward**

- I will receive \_\_\_\_\_ as a reward if I am successful and maintain my new weight for 1 month.

**Non-Reward**

- If I do not maintain or lose weight, I will \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

## *My Commitment*

I, \_\_\_\_\_, will give weight management a top priority for the next 24 weeks because

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Because physical activity is an important part of weight management and overall health, I will

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My short-term goal in relation to my health is \_\_\_\_\_

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My long-term goal in relation to my health is \_\_\_\_\_

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Patient signature \_\_\_\_\_ Date \_\_\_\_\_

**Our commitment to you:** To empower you with the knowledge and skills to take control and responsibility for your weight management in ways that are effective, dignified, and safe.