

WRITTEN AGREEMENT FOR RISK FACTOR INTERVENTION GROUPS

Your health care provider will assess your risk factors for cardiovascular disease. This program will help you to become physically fit; to lower your lipid levels and blood pressure through diet, exercise, and drug therapy, if necessary; and if you are a smoker, to stop smoking.

Of course, the more you put into any program the more you will get out of it. Studies show that compliance to a treatment program is increased by a formal agreement or contract before beginning the program. We hope that after discussing our expectations, you will sign the written agreement below confirming your participation.

What do we expect of you?

1. To show a willingness to change risk factors, by participating in a regular exercise program if eligible, by changing dietary habits, by taking drugs to decrease lipid levels, blood pressure, blood sugar, if necessary, and by stopping smoking.
2. To complete the activity logs and food frequency forms given to you to measure your progress.
3. To provide blood samples for lipid tests and monitoring as required.
4. To discuss your progress by telephone or clinic visit with your health care provider.

What can you expect of us?

We will commit to support and partner with you and your efforts. You can expect our combined efforts to produce a much healthier and happier life-style for you.

I UNDERSTAND THE EXPECTATIONS OF THE PROGRAM AND AGREE TO PARTICIPATE AS DESCRIBED ABOVE.

Signed (Participant)

Date

Signed (Health care provider)

Date