



2018 Clinch Avenue
Knoxville, Tennessee 37916

Healthy Ways Clinic Agreement

Date: _____

CAREGIVER

I understand that clinic appointments are valuable times for family and team members. For my child and family to be successful in the program, I commit to the following

- I will support my child in achieving nutritional, behavioral and physical activity goals.
- I will attend all appointments with my child and participate in setting goals for lifestyle and behavior changes.
- I will give as much advance notice as possible should it be necessary to reschedule an appointment. (You must call at least 1 hour before to cancel)
- Families who have 2 no shows will be discharged from the program.

If I am unable to follow through with these commitments, my child/family will be at risk of being discharged from the Healthy Ways Clinic.

PATIENT

I promise the Healthy Ways Team that I will come to all my appointments, do my homework and do my best to reach my goals.