Wellness Journey Patient Commitment Letter

Date: [Insert Date]

Patient Name: [Insert Name]

Provider Name: [Insert Name/Clinic]

Dear [Patient Name],

Welcome to your wellness journey. This letter outlines the commitment required to achieve your health and lifestyle goals. Success in this program is a partnership between you and your healthcare team.

My Commitments

By signing this letter, I agree to the following:

- **Consistency:** I will attend all scheduled appointments and consultations on time.
- **Open Communication:** I will be honest about my lifestyle habits, challenges, and progress.
- **Follow-through:** I will follow the personalized nutrition, exercise, and medical plans provided to me.
- **Accountability:** I will track my progress as requested (e.g., food logs, activity tracking, or symptom journals).
- **Patience:** I understand that sustainable wellness is a long-term process and not a quick fix.

Provider Commitment

Your healthcare team commits to providing you with evidence-based guidance, professional support, and a non-judgmental environment to help you succeed.

I have read the above and I am ready to commit to my health and well-being.

_____

Patient Signature

_____

Date

Provider Signature