Medical Weight Management Intake

GLP-1 & MEDICAL WEIGHT MANAGEMENT PRACTICE PACK

Patient / DOB _____

Height / weight / BMI _____

Weight history / goals _____

Current medications _____

Allergies _____

Prior weight-loss treatments _____

- ■ Diabetes
- ■ Dyslipidemia
- ■ Gallbladder disease
- ■ Kidney disease
- ■ Pregnant/breastfeeding / planning pregnancy
- ■ Personal/family endocrine tumor history
- ■ Hypertension
- ■ Sleep apnea
- ■ Pancreatitis history
- ■ GI motility disorder
- ■ Eating disorder history
- ■ Other clinician-review concern

Assessment / eligibility considerations _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

GLP-1 / Incretin-Based Therapy Informed Consent

GLP-1 & MEDICAL WEIGHT MANAGEMENT PRACTICE PACK

I consent to treatment with the medication documented in my medical record when prescribed by my clinician. I understand expected benefits and risks vary by medication and individual factors.

- ■ Nausea / vomiting
- ■ Diarrhea / constipation
- ■ Abdominal discomfort
- ■ Dehydration
- ■ Gallbladder complications
- ■ Pancreatitis warning signs
- ■ Hypoglycemia risk with certain diabetes medications
- ■ Delayed gastric emptying / procedure-anesthesia considerations
- ■ Allergic reaction
- ■ Medication-specific boxed warnings / contraindications discussed

Medication _____

Indication _____

Dose plan _____

Alternatives / special risks discussed _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

Template notice: General educational/operational starting point only. Customize for the actual patient, treatment, product/device, manufacturer instructions, emergency resources, clinician scope, payer requirements, and applicable federal/state law. Obtain qualified clinical and legal review before use.

Compounded Medication Disclosure & Acknowledgment

GLP-1 & MEDICAL WEIGHT MANAGEMENT PRACTICE PACK

If a compounded medication is prescribed, I understand compounded drugs are prepared for individual patient needs and are not FDA-approved in the same manner as commercially manufactured drugs. Availability and legal permissibility may change.

I understand the prescriber and dispensing pharmacy should determine whether compounded treatment is clinically and legally appropriate, and that formulation, concentration, ingredients, storage, beyond-use dating, and instructions must come from the actual prescription/pharmacy labeling.

Medication / formulation _____

Dispensing pharmacy _____

Reason / clinical context documented _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

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Weight-Loss Medication Pregnancy & Reproductive Safety Screening

GLP-1 & MEDICAL WEIGHT MANAGEMENT PRACTICE PACK

- ■ Currently pregnant
- ■ Breastfeeding
- ■ Trying to conceive
- ■ Possibility of pregnancy
- ■ Contraception/reproductive plan discussed
- ■ Medication-specific pregnancy guidance reviewed

Relevant details / plan _____

Testing if clinically indicated _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

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GLP-1 Injection Training Acknowledgment

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- ■ Medication label verified
- ■ Dose/concentration reviewed
- ■ Injection device/syringe technique demonstrated
- ■ Injection sites reviewed
- ■ Storage instructions reviewed
- ■ Missed-dose instructions reviewed
- ■ Sharps disposal reviewed
- ■ When to call practice reviewed

Patient return-demonstration / notes _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

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Weight Management Follow-Up Questionnaire

GLP-1 & MEDICAL WEIGHT MANAGEMENT PRACTICE PACK

Current weight _____

Current medication / dose _____

Last dose date _____

Appetite / satiety response _____

Nutrition / hydration _____

Physical activity _____

Bowel pattern _____

- ■ Nausea
- ■ Vomiting
- ■ Diarrhea
- ■ Constipation
- ■ Severe abdominal pain
- ■ Gallbladder-type symptoms
- ■ Dizziness / dehydration
- ■ Hypoglycemia symptoms
- ■ Other adverse effects

Patient questions / goals _____

Clinician plan _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

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Weight-Loss Medication Adverse Event Instructions

GLP-1 & MEDICAL WEIGHT MANAGEMENT PRACTICE PACK

Contact the practice for persistent or significant side effects. Severe or persistent abdominal pain, inability to maintain hydration, severe allergic symptoms, fainting, severe hypoglycemia, or other alarming symptoms may require urgent or emergency evaluation.

Practice-specific contact instructions _____

Emergency instructions / local resources _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

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Weight Management Treatment Goals Agreement

GLP-1 & MEDICAL WEIGHT MANAGEMENT PRACTICE PACK

I understand medication is one component of a broader treatment plan that may include nutrition, activity, sleep, behavioral strategies, management of comorbidities, and longitudinal follow-up.

Initial weight / measurements _____

Goal 1 _____

Goal 2 _____

Monitoring plan / follow-up interval _____

Patient/Client Signature: _____ **Date:** _____

Clinician/Staff: _____ **Date:** _____

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