Weight Management & GLP-1 Medication Consent

Intake questionnaire and informed consent for medically supervised weight management with GLP-1 and GIP medications such as semaglutide and tirzepatide

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Health & Goals

Current weight *

Height *

Goal weight

What have you tried before?

- [ ] Diet / calorie tracking
- [ ] Exercise program
- [ ] GLP-1 medication (Ozempic, Wegovy, Mounjaro, Zepbound)
- [ ] Phentermine or other appetite suppressant
- [ ] Bariatric surgery
- [ ] Nothing yet

If you have used a GLP-1 medication before: which one, dose, how long, and any side effects?

Medical Screening

Are you pregnant, planning pregnancy within the next 2 months, or breastfeeding? *

- [ ] Yes
- [ ] No

Do you or a blood relative have a history of medullary thyroid carcinoma or MEN 2? *

- [ ] Yes
- [ ] No

Have you ever had pancreatitis? *

☐ Yes ☐ No

Do you have gallbladder disease or gallstones? *

☐ Yes ☐ No

Do you have kidney disease? *

☐ Yes ☐ No

Do you have gastroparesis or severe reflux? *

☐ Yes ☐ No

Do you take insulin or a sulfonylurea (e.g., glipizide)? *

☐ Yes ☐ No

Do you have a history of an eating disorder? *

☐ Yes ☐ No

Do you have diabetic retinopathy? *

☐ Yes ☐ No

Current medications and supplements

Allergies

Any other medical conditions or recent surgeries?

Risks & Complications

Common side effects: nausea, vomiting, diarrhea, constipation, reduced appetite, fatigue, injection-site reactions. These are usually strongest when starting or increasing the dose.

Serious risks:
- Pancreatitis — severe abdominal pain that does not go away must be reported immediately
- Gallbladder problems, including gallstones
- Kidney injury from dehydration after vomiting or diarrhea
- Low blood sugar, especially with insulin or sulfonylureas
- Thyroid C-cell tumors seen in animal studies (boxed warning) — do not use with a personal or family history of medullary thyroid carcinoma or MEN 2
- Slowed stomach emptying — tell any anesthesiologist you take this medication before a procedure
- Loss of muscle mass without adequate protein and resistance exercise

Weight regain is common after stopping. Medication is one part of a program that includes nutrition, activity, and follow-up.

I understand the thyroid tumor boxed warning and the risks of pancreatitis, gallbladder disease, kidney injury, and low blood sugar, and I will stop the medication and seek care if I develop severe abdominal pain, persistent vomiting, or signs of an allergic reaction.

I understand the boxed warning and serious risks: _____

I understand that results vary, that weight may return after stopping the medication, and that I must attend follow-up visits, report side effects, and use effective contraception if applicable.

I understand results vary and require follow-up: _____

Program Agreement

I understand which medication I am prescribed, whether it is a brand-name or compounded product, and that compounded medications are not FDA-approved, are prepared by a licensed pharmacy, and may differ in strength or formulation.

I understand the medication source: _____

I confirm that the medical information I have given is complete and accurate and I will inform the provider of any changes, including a new pregnancy.

My answers are complete and truthful: _____

Service Log

For office use only

	Date	Weight	Medication / Dose	Notes / Side effects
Entry 1				
Entry 2				
Entry 3				
Entry 4				

	Date	Weight	Medication / Dose	Notes / Side effects
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to participate in a medically supervised weight management program that may include GLP-1 or GIP/GLP-1 receptor agonist medication. I have been informed of the benefits, risks, alternatives (including lifestyle programs and other medications), and the need for ongoing monitoring. I understand that no specific result has been guaranteed. I release the provider and practice from liability related to this program except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY