

Welcome to our practice!

Today's Date: _____

Please print legibly and fill in all fields.

Patient Name: _____

First

M.I.

Last

Birthday: _____ SSN: _____ Gender: Female Male

Street Address: _____

City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Preferred Contact Method: Phone Email

Marital Status: Single Married Ethnicity: _____

Emergency Contact: _____ Phone: _____

Patient Employer: _____ Occupation: _____

How did you hear about us?

Radio Google Social Media Doctor Salon

Word of Mouth Existing Patient _____ Other _____

We encourage you to select any/all goals you have, even if unrelated to your consultation. This will allow us to address all concerns with you and see how we can help you achieve a more confident, radiant self.

Patient Goals:

Learn more about medical grade skincare products? Yes No

Learn more about how custom facials can improve your skin's feel and appearance? Yes No

Learn more about injectables like Botox and Juvederm? Yes No

Learn more about PDO Thread Lifts? Yes No

Learn more about weight loss? Yes No

Learn more about O-Shots and P-Shots? Yes No

Learn more about Viveve, a one-time vaginal restoration treatment? Yes No

Learn more about our med spa membership? Yes No

Patient Signature: _____ Date: _____

Health History

Today's Date: _____

Patient Name: _____
First
M.I.
Last

Birthdate: _____ Gender: Female Male

Height: _____ Weight: _____

Purpose for Today's Visit:

All Previous Surgeries (include year):

Health Problems (Past & Present):

- Diabetes High Blood Pressure Heart Problems Lung/Breathing Problems
 Easy Bruising Bleeding/Clotting Problems Cancer Psychiatric/Depression
 Urinary Symptoms/Leakage Vaginal Dryness Other:

Please provide more information on positive responses:

Do you smoke? Yes No *If yes, how many packs per day? _____

Please list all current medications (include over-the-counter, supplements, and vitamins):

List all allergies: _____

Allergy to Latex? Yes No

Primary Care Doctor: _____ Date of Last Physical: _____

Patient Signature: _____ Date: _____

*Have patient confirm information is correct one year from date above and sign below.

* Signature: _____ Date: _____

What is the reason you want to lose weight?

How long has your weight been a problem?

Are you currently at your heaviest weight? (If no, how much did you weigh at your heaviest weight)?

What methods have you previously tried to lose weight?

Are you scared of needles/needle phobic/faint easily when you have blood taken?

Women only answer the following: Check those questions to which you answer yes and leave the others blank:

- Are you trying for pregnancy or planning pregnancy in the near future?
- Are you or could you be pregnant?
- Are you breastfeeding?
- Are you on any type of hormone replacement therapy?
- Are you on any contraceptive methods?

List any other medical or diagnostic test you have had in the past two years:

Are you on any blood thinners? (If so, please list below):

Weekly alcohol intake?

Do you or have you ever smoked?

Past or current medical history (Check those questions to which you answer yes, leave the others blank):

- Heart disease (such as heart attack, rheumatic fever, irregular heartbeat, angina, heart murmur)
- Diseases of the arteries
- High blood cholesterol
- Anemia or other blood disorders i.e., Sickle Cell disease, Thalassemia
- Stroke
- Medullary thyroid cancer
- Any Thyroid disease/problems
- Parathyroid problems or Adrenal gland problems
- Diabetes or abnormal blood-sugar tests
- Phlebitis (inflammation of vein)
- Deep vein thrombosis/blood clot in the leg (DVT) or PE (pulmonary embolism)
- Gallstones or any gallbladder disease (including jaundice)
- High blood pressure
- Severe reflux (hypertension)
- Any breathing problems (such as asthma, COPD, bronchitis)
- Infective endocarditis
- Kidney problems including Chronic Kidney Disease (CKD)
- Pancreas/digestion problems (including acute or chronic pancreatitis)
- Stomach/duodenum/gastric ulcer
- Liver problems (including hepatitis, liver failure, fatty liver, alcoholic liver disease)
- Any neurological problems (including Parkinson Disease)

- Severe stomach/gut problems (including inflammatory bowel disease: Crohn's disease or Ulcerative colitis)
- Irritable bowel syndrome (IBS)
- Jaundice or gall bladder problems
- Skin conditions
- Eating disorder (such as anorexia or bulimia)
- Mental health problems (including personality disorder, psychosis, diagnosis of depression)
- Self-diagnosis of depression, low moods, nervous or emotional problems
- Any allergies (including food or drugs)

Family Diseases (Family history) Have you or your blood relatives had any of the following? (Check those questions to which you answer yes, leave the others blank):

- Heart attacks under age 50
- Strokes under age 50
- High blood pressure
- Elevated cholesterol
- Diabetes
- Asthma or hay fever
- Skin allergies
- Congenital heart disease (existing at birth but not hereditary)
- Heart operations
- Red blood cell disorders i.e., Sickle Cell, Thalassemia, Anemia
- Glaucoma
- Kidney disease
- Obesity (20 or more pounds overweight)
- Leukemia or cancer under age 60

Patient Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____



Consent to Semaglutide Treatments

Why Semaglutide injections?

The main benefits may include:

1. Semaglutide is 94% similar to natural human GLP-1 and therefore acts as a physiological regulator of appetite and thereby reducing food intake by reducing feelings of hunger and increasing feelings of fullness/satiety.
2. Semaglutide is a newly licensed medication indicated for the treatment of type-2 diabetes. It is currently undergoing clinical trials to gain a license for the treatment of obesity. In the meantime, your medical practitioner may prescribe this medication for you 'off-label'
3. For long term success the treatment needs to be combined with lifestyle changes including nutritional, exercise and behavioral habits.
4. Weight loss can lead to secondary benefits by improving weight loss related health problems such as cardiovascular risk factors (including hypertension, blood glucose levels and waist circumference) and physical health-related Quality of Life.

I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

Since every human being is unique, we cannot guarantee any specific result from Semaglutide treatment. Medication and or medical conditions may have a negative impact on the outcomes as well as lifestyle factors. Treatment should be discontinued after 12 weeks if the patient has not lost at least 5% of their initial body weight.

Patients need to follow the instructions carefully as provided separately in the patient instruction sheet. Patients must agree to notify their practitioner of any contraindications or side effects of the treatment.

It is essential to engage with the once a week weigh in and injection.

HEALTH CONCERNS: If you suffer from a medical or pathological condition you need to consult with an appropriate healthcare provider such as your GP or consultant. If you are under the care of another healthcare provider, it is important that you inform your other healthcare providers of your use of Semaglutide. If you are using medications of any kind, you are required to alert us of the medication.

Note: If you have any physical or emotional reaction to Semaglutide treatment, discontinue use immediately, and contact your practitioner to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the treatment.

Laboratory testing may be done to any patient identified at risk to determine areas of dysfunction, not to diagnosis or treat. Potential blood tests:

1. Full blood count
2. Liver function test
3. Kidney function tests
4. Cholesterol levels, HbA1c, Glucose

Patient groups who may require blood test monitoring at additional cost:

- Age 50 or above
- High blood pressure
- Pre-diabetics
- Any significant medical problem

By signing below, you confirm that you accept the extra blood tests with further monitoring as above if required

Patient Signature: _____ Date: _____

COMMUNICATION: Every client is an individual, and it is not possible to determine in advance how your system will react to the treatment. It is sometimes necessary to adjust your program as we proceed. It is your responsibility to do your part by following healthy dietary guidelines, exercise your body and make necessary behavioral modifications.

1. Alternatives to Semaglutide therapy are surgical procedures, oral medical treatments (including Orlistat) and/or dietary and lifestyle changes alone.
2. Several weeks to months of treatment may be required depending on your individual response.
3. If a missed dose is more than 5 days late, the missed dose should not be taken, and the next dose should be taken at the normal time.
4. It is essential to combine eating exercise and behavioral modifications with Semaglutide.
5. Semaglutide should not be used in combination with another GLP-1 receptor agonist, insulin, or insulin secretagogues (such as sulfonylureas) due to the risk of hypoglycemia.
6. Upon initiation of Semaglutide treatment in patients on warfarin or other coumarin derivatives more frequent monitoring of International Normalized Ratio (INR) is recommended.
7. Semaglutide causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications, monitor for potential consequences of delayed absorption of oral medications concomitantly administered with Semaglutide.



8. Semaglutide causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications, monitor for potential consequences of delayed absorption of oral medications concomitantly administered with Semaglutide.
9. There are several special warnings and precautions for use of Semaglutide including warning on pancreatitis, cholelithiasis, cholecystitis, thyroid disease, heart rate, dehydration, and hypoglycemia in people with type 2 diabetes.
10. Thyroid adverse events, such as goiter have been reported in patients with pre-existing thyroid disease. Semaglutide should therefore be used with caution in patients with thyroid disease.
11. A higher rate of cholelithiasis and cholecystitis (gallstone and gallbladder disease) has been observed in patients treated with semaglutide. Cholelithiasis and cholecystitis may lead to hospitalization and cholecystectomy (surgery to remove the gallbladder). Patients should be aware of the characteristic symptoms of cholelithiasis and cholecystitis.
12. Signs and symptoms of dehydration, including renal impairment and acute renal failure, should be advised of the potential risk of dehydration in relation to gastrointestinal side effects and take precautions to avoid fluid depletion. Patients should also be aware of the symptoms of increased heart rate.
13. Acute pancreatitis has been observed with the use of Semaglutide. Patients should be told how to recognize signs and symptoms of acute pancreatitis and advised to seek immediate medical attention if symptoms develop. If pancreatitis is suspected, Semaglutide should be discontinued; if acute pancreatitis is confirmed, Semaglutide should not be restarted.
14. Semaglutide may cause dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposure in both genders of rats and mice. It is unknown whether Semaglutide causes thyroid C-cell tumors, including medullary thyroid carcinoma (cancer, MTC), in humans, as the human relevance of Semaglutide-induced rodent thyroid C-cell tumors has not been determined. Patients should be aware of symptoms of thyroid tumors (such as a mass in the neck, difficulty swallowing, difficulty breathing/shortness of breath or persistent hoarseness)

The most common Semaglutide side effects are:

- Nausea
- Constipation
- Decreased appetite
- Dizziness
- Hypoglycemia
- Vomiting
- Dyspepsia
- Abdominal pain
- Diarrhea
- Headache

- Fatigue
- Increased lipase

Nausea is the most common side effect when first starting Semaglutide, but decreases over time for most people as their body gets used to the medicine. The dosing schedule is designed to reduce the likelihood of gastrointestinal symptoms. Tell your health care professional if you have any side effects that bothers you or that does not go away.

Risks of Semaglutide treatment include but not limited to:

- A. Common or very common: Reported in 5%: Dysgeusia (altered sense of taste), dry mouth, insomnia, asthenia, burping, constipation, diarrhea, dizziness, gallbladder disorders, gastrointestinal dyspepsia, gastritis, gastro-esophageal reflux disease, flatulence, eructation, upper abdomen pain, abdomen distension cholelithiasis, injection site reactions, fatigue, increase lipase and increased amylase.
- B. Uncommon: Malaise, pancreatitis, tachycardia, urticaria.
- C. Rare: Renal impairment, allergic reaction anaphylaxis.

DO NOT take Semaglutide if any of the below contradictions apply to you:

1. Aged under 18 or above 75
2. Severe renal/kidney impairment (with eGFR of 15 or below) or a history of renal disease
3. Severe hepatic/liver impairment
4. Personal or family history of medullary thyroid cancer (MTC)
5. Hypersensitivity to Semaglutide or to any of the excipients: disodium phosphate dihydrate
6. Weight problems related to endocrinological or eating disorders
7. Concurrent insulin or sulfonylurea
8. Patient on warfarin (more frequent INR monitoring required)
9. Concurrent use of any medicinal products which may cause weight gain
10. Pregnancy, breastfeeding, or trying to/planning to become pregnant
11. Congestive heart failure
12. History of pancreatitis, gallbladder disease, inflammatory bowel disease, diabetic gastroparesis
13. Patients with a personal or family history of MEN 2 (Multiple Endocrine Neoplasia syndrome)

The below drugs interact with Semaglutide and treatment of Semaglutide should not be used concurrently.

Drug interactions:

- Alogliptin
- Biphasic insulin aspart
- Biphasic insulin lispro
- Biphasic isophane insulin
- Canagliflozin



- Dapagliflozin
- Dulaglutide
- Empagliflozin
- Exenatide
- Glibenclamide
- Gliclazide
- Glimepiride
- Glipizide
- Any insulin including aspart, degludec, detemir, glargine, glulisine, lispro, isophane, zinc suspension
- Nateglinide
- Pioglitazone
- Repaglinide, Saxagliptin, Sitagliptin, Vildagliptin
- Tolbutamide

I am aware that other unforeseeable complications could occur. I do not expect the clinic to anticipate and or explain all risk and possible complications. I rely on them to exercise judgment during the course of treatment. I understand the risks and benefits of the treatment and have had opportunity to have all my questions answered.

Patient Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____