



2605 Thomas Drive, Suite 120, Panama City Beach, FL 32408

SEMAGLUTIDE & TIRZEPATIDE INTAKE FORM

Name _____ Date _____

Date of Birth _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone No _____

Emergency Contact _____ Phone No _____

How did you hear about us? _____

MEDICAL HISTORY

Please select any relevant conditions below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adrenal disorder | <input type="checkbox"/> Diabetes/retinopathy | <input type="checkbox"/> Kidney disorder/disease |
| <input type="checkbox"/> Angioedema | <input type="checkbox"/> Eating disorder history | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Anemia/blood disorder | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gastric/duodenum ulcer | <input type="checkbox"/> Neurological disorder |
| <input type="checkbox"/> Autoimmune condition | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Blood clotting disorder | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Parathyroid disorder |
| <input type="checkbox"/> Cancer/history of cancer | <input type="checkbox"/> High blood cholesterol | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Cholelithiasis | <input type="checkbox"/> HIV/AIDS or Hepatitis | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Deep vein thrombosis | <input type="checkbox"/> IBD/IBS | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Depression/suicidal ideation | <input type="checkbox"/> Infective endocarditis | <input type="checkbox"/> Thyroid disease |

Details or any other condition: _____

SEMAGLUTIDE & TIRZEPATIDE

Have you or a family member been diagnosed with either of the following?

Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2) Medullary Thyroid Carcinoma

If yes, please explain: _____

Are you allergic to any of the following? B Vitamins GLP-1 Receptor Agonists

Adhesives/latex Benzyl Alcohol L-Carnitine

Do you have any other allergies? No Yes: _____

Are you currently taking any blood thinning drugs? (i.e., Aspirin and Warfarin) No Yes

If yes, please list them: _____

Have you had surgery in the past year? No Yes: _____

FEMALE MEDICAL HISTORY

Are you currently: Pregnant Trying to conceive Breastfeeding Post-menopause

Using contraceptives: _____ Other: _____

Date last menses: _____ Pregnancies: _____ Live births: _____

Please provide a list of all medications or supplements you take:

MEDICATION OR SUPPLEMENTS	DOSE	FREQUENCY	COMMENTS

SEMAGLUTIDE & TIRZEPATIDE

HEALTH HABITS

Do you smoke? No Yes How many per day? How long?

Do you drink alcohol on a regular basis? No Yes Weekly units:

How is your activity level? Sedentary Lightly active Moderately active
 Very active

What methods or interventions have you used to lose weight previously?

Diet Exercise Prescription medication Therapy Herbal supplements

Date of last physical: Date of last blood work:

Relevant results: _____

What are your main motivations and concerns for wanting to lose weight with Semaglutide/
Tirzepatide?

What factors do you consider contribute to your experience of excess weight?

Alcohol Low energy Sedentary lifestyle
 Excess calories Medical condition Sleep disruptions
 Family history Pregnancy Stress/busy lifestyle
 Hormonal changes Perimenopause Other: _____

By signing below, I acknowledge that I have provided complete and accurate information and understand that it will be used to assess my suitability for any treatment. I understand that it is my responsibility to inform the therapist of any changes to my medical history or skincare routine. I agree to waive all liabilities of the therapist or employer for any injury or damages incurred due to misrepresentation of my health history.

Client Name (printed)

Client Name (signed)

Date

Health Care Provider (printed)

Health Care Provider (signed)

Date

SEMAGLUTIDE & TIRZEPATIDE

Semaglutide & Tirzepatide

CONSENT FORM

I give my consent to taking Semaglutide/Tirzepatide Injections as prescribed by my healthcare provider. Semaglutide/Tirzepatide is a human-based glucagon-like peptide-1 receptor agonist used to manage chronic weight and diabetes. I have been informed of the correct method of administering semaglutide/tirzepatide injections and the dosage. I will not take this medication if I have a history of the following:

- You are pregnant or planning to conceive while using this medication.
- You have a personal or family history of Medullary Thyroid Carcinoma (Thyroid Cancer) or Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2).
- You have a history of pancreatitis, kidney failure/disease, liver failure/disease, or digestive issues.
- You are allergic to Semaglutide/Tirzepatide or other GLP-1 agonist medications (e.g., Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®), or other undisclosed allergies.
- You are diabetic, have retinopathy or take medication to lower blood sugar without consulting your endocrinologist.

Possible side effects: nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distension, belching, hypoglycemia, flatulence, gastroenteritis, and gastroesophageal reflux disease. Common injection site reactions include itching, burning, and skin thickening (welling). In case of any serious allergic reaction, such as rash, itching, swelling of the face, tongue, or throat and anaphylaxis, seek immediate medical assistance.

Possible drug interactions: anti-diabetic agents, particularly Insulin and Sulfonylureas, can lead to an increased risk of hypoglycemia (low blood sugar). Additionally, do not combine with other GLP-1 agonist medicines (i.e., Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®). Inform your provider of any medications that may lower blood sugar.

I acknowledge that semaglutide is one part of a comprehensive lifestyle approach that includes a healthy diet and exercise, and regular follow-up visits to adjust dosages are necessary.

By signing below, I confirm that I have been fully informed of the potential risks, benefits, and complications and I voluntarily agree to taking this medication. I have had the opportunity to ask questions, and all my concerns have been addressed to my satisfaction. I release Johnsons Family Medicine from any liability or claims arising from the treatment.

Client Name (printed)

Client Name (signed)

Date

Health Care Provider (printed)

Health Care Provider (signed)

Date

SEMAGLUTIDE & TIRZEPATIDE

Semaglutide & Tirzepatide

C A R E A D V I C E

Your body will have optimal results when you maintain a regimen to support your health and well-being.

- **Storage:** Store the injections in the refrigerator and do not freeze. Throw away used needles in a hard, closed container, and keep this container away from children and pets.
- **Eating Habits for nausea:** Eat slowly and in smaller portions, drink clear liquids, and avoid lying down right after eating. Focus on foods that contain more water and maintain a regular meal schedule while limiting snacking between meals.
- **Fibrous Diet:** Emphasize a fibrous diet, including fruits and vegetables high in fiber.
- **Small, High-Protein Meals:** Opt for small, high-protein meals, as digestion is slowed down while on this medication.
- **Low-Fat Foods:** Avoid foods high in fat as they may contribute to nausea and vomiting. It's recommended to take injections before meals, rather than after, to minimize potential side effects from eating high-fat or high-sugar foods.
- **Limit Alcohol Intake:** Avoid alcohol consumption while taking semaglutide/tirzepatide injections, as it can increase the risk of hypoglycemia, dehydration, nausea, and vomiting.
- **Caffeine:** Be cautious with caffeine consumption, as it may affect the action of semaglutide/tirzepatide, leading to low blood sugar levels or dehydration.

SEMAGLUTIDE & TIRZEPATIDE

F A Q ' S

• WHAT IS SEMAGLUTIDE & TIRZEPATIDE AND HOW CAN IT HELP WEIGHT LOSS?

Semaglutide/Tirzepatide is a GLP-1 receptor agonist, and when administered as an injection, it helps regulate appetite and food intake. The medication is specifically designed to assist adults with obesity or those who are overweight in their weight management journey.

• HOW DO I TAKE SEMAGLUTIDE & TIRZEPATIDE INJECTIONS?

Semaglutide/Tirzepatide is injected once a week. It comes in a pre-filled syringe, and you can administer the injection under the skin of your stomach, thigh, or upper arm. Your healthcare provider will guide you on the proper technique.

• HOW LONG DOES IT TAKE FOR SEMAGLUTIDE & TIRZEPATIDE TO WORK?

Semaglutide/Tirzepatide may start to show noticeable effects on weight loss within a few weeks of regular use. However, individual responses may vary. It's essential to stay committed to healthy eating habits and physical activity, to achieve the best and sustainable weight loss results.

• DOES SEMAGLUTIDE & TIRZEPATIDE REALLY WORK?

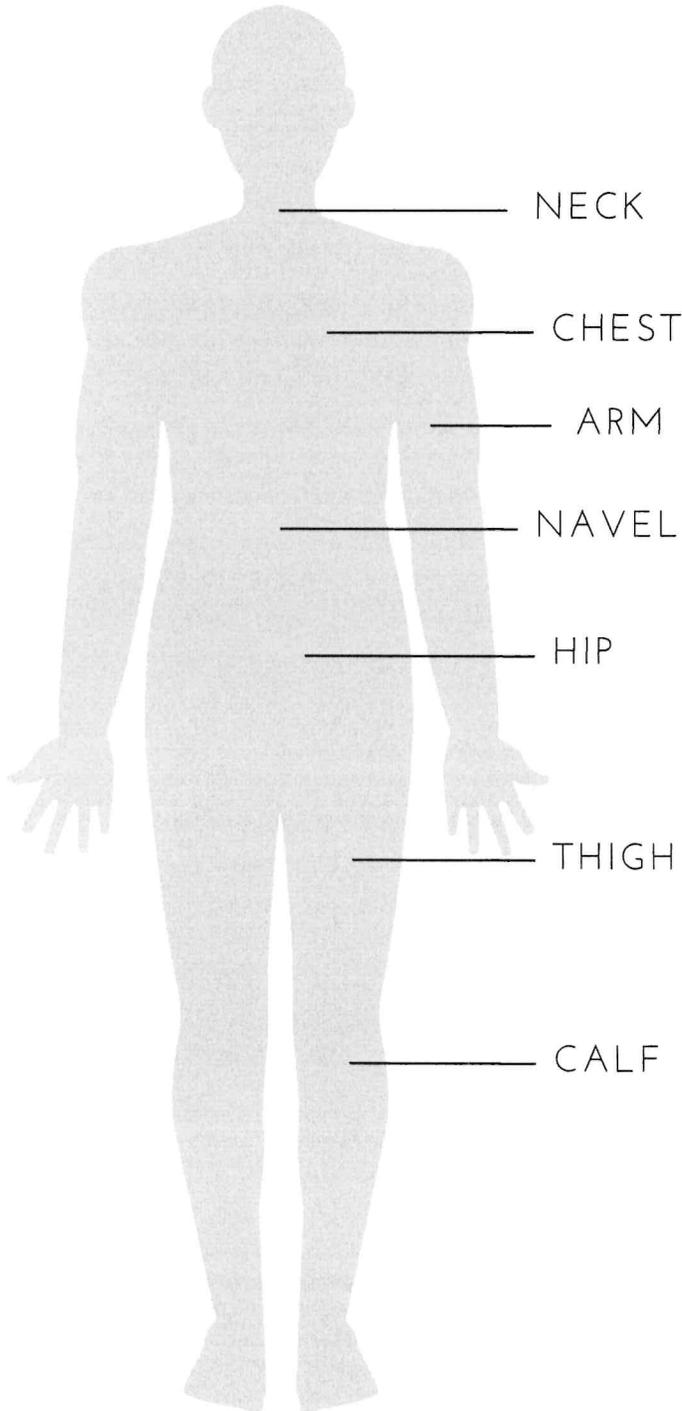
Semaglutide/Tirzepatide is not a universal solution for everyone, but during clinical studies, more than half of the participants experienced significant weight loss of approximately 15% of their body weight. For the best results, this treatment is most effective with healthy lifestyle changes.

• WILL MY INSURANCE COVER SEMAGLUTIDE & TIRZEPATIDE?

Insurance companies may provide coverage for semaglutide/tirzepatide when it is prescribed for the treatment of type 2 diabetes. However, coverage for semaglutide/tirzepatide as a weight loss medication is not typical. However, it's always best to check with your insurance provider.

CLIENT RECORD

measurements



BEFORE		AFTER	
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