



Medical History & Consent Form

Consultation Date & Time

Date

Date of birth

Date

Name

Firstname

Last name

Gender

Male

Female

Occupation

Area Code

Phone Number

Mobile

Area Code

Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Emergency Contact

Name

Phone

Area Code

Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

GP/Consultant

Name

Phone

Area Code

Phone Number

Address

Street Address

Street Address Line 2

GLP-1 Consent

City

State / Province

Postal / Zip Code


I give/do not give my permission to inform my GP about the Ozempic treatment that I am about to receive (please circle


Consent

Yes

No

Patient signature

Sign Here 



Clear

Date

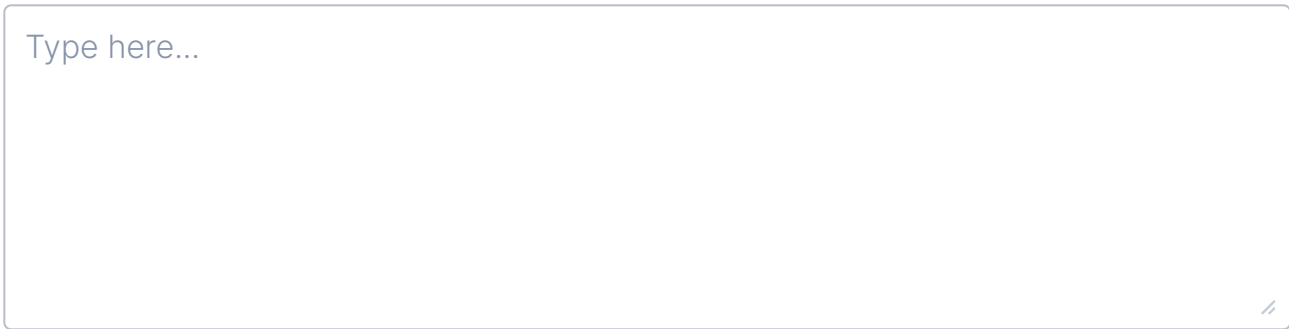
DD/MM/YYYY 

What is your purpose for having Ozempic treatment?

Type here...

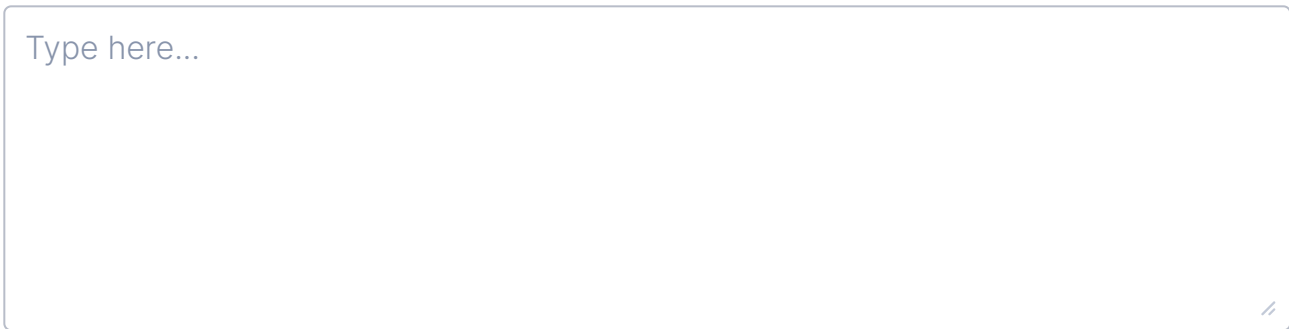
What is the reason you want to lose weight?

Type here...

A large rectangular text input field with a light gray border. The placeholder text "Type here..." is located at the top left. A small double-slash icon is in the bottom right corner.

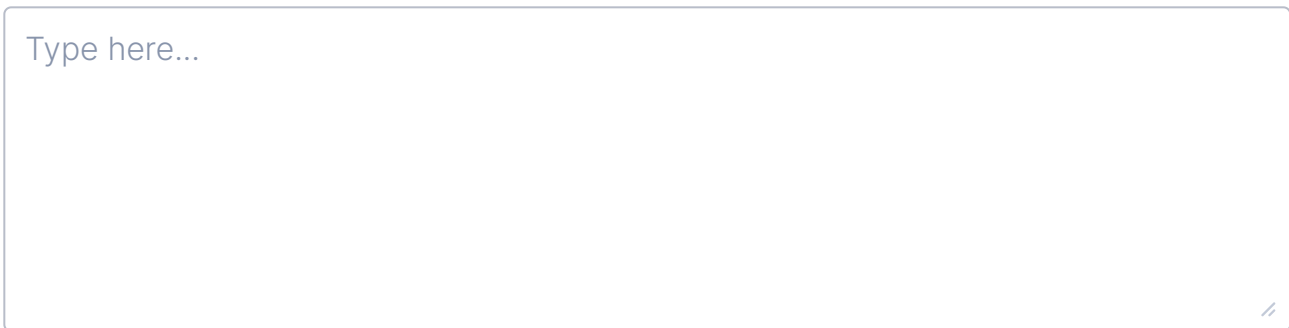
How long has your weight been a problem?

Type here...

A large rectangular text input field with a light gray border. The placeholder text "Type here..." is located at the top left. A small double-slash icon is in the bottom right corner.

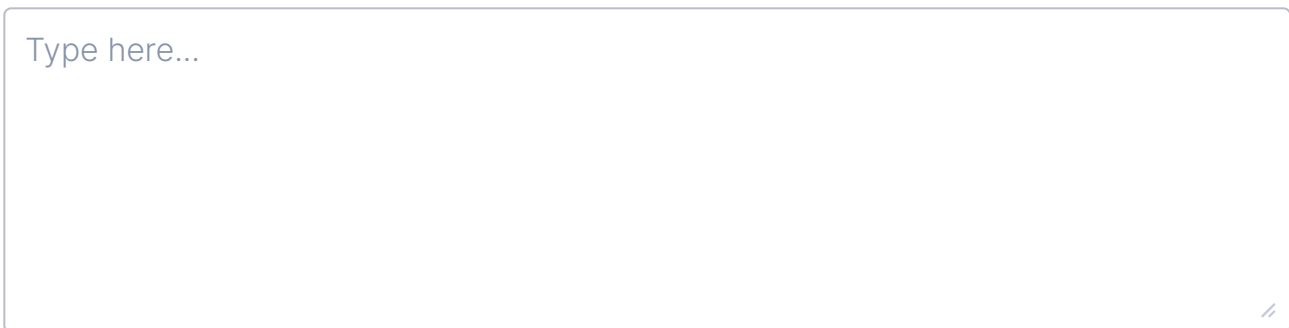
Are you currently at your heaviest weight (if no, how much did you weight at your heaviest weight)?

Type here...

A large rectangular text input field with a light gray border. The placeholder text "Type here..." is located at the top left. A small double-slash icon is in the bottom right corner.

What methods have you previously tried to lose weight?

Type here...

A large rectangular text input field with a light gray border. The placeholder text "Type here..." is located at the top left. A small double-slash icon is in the bottom right corner.


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 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?

Comments

Patient Signature

Sign Here 



Clear

Men and women answer the following:

List any prescription medications you are now taking

Type here...



List any self prescribed medications, dietary supplements, or vitamins you are now taking

Type here...



Date of last complete physical examination

DD/MM/YYYY



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

Type here...



List hospitalisations, including dates of and reasons for hospitalisation (including surgeries)

Type here...



List any drug or other causes of allergies including

Are you on any blood thinners?

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
- Anaemia 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 a vein)
- Deep vein thrombosis/blood clot in the leg (DVT) or PE (pulmonary embolism)
- Gallstones or any gallbladder disease (including jaundice)
- High blood pressure
- (Hypertension) Severe reflux
- 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 (incl. 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 mood, nervous or emotional problems
- Substance abuse (including alcohol or drugs)
- Any allergies

Do any of the discussed contraindications apply to you (refer to last page)

Comments

Patient Signature

Sign Here 



Clear

Familial Diseases (Family history) Have you or your blood relatives had any of the following (include grandparents, aunts and uncles, but exclude cousins, relatives by marriage and half-relatives)?


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, Thalassaemia, Anaemia
- Glaucoma
- Kidney disease
- Obesity (20 or more pounds overweight)
- Leukaemia or cancer under age 60

Comments

Type here...

Patient Signature

Sign Here 

Clear

Before you choose to use the services of practitioner: please read the following information

Consent to Treatment

Before you choose to use the services of practitioner: please read the following information
FULLY AND CAREFULLY:

Why GLP-1 Injections?

- 1. Medication may be prescribed by practitioner for off-label use.**
- 2. For long term success the treatment needs to be combined with lifestyle changes including nutritional, exercise and behavioral habits.**
- 3. 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 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 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.

We will write to your GP to notify them of details of the program and any blood results (if completed)

It is essential to engage with the monthly reviews with your doctor throughout the treatment program.

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. If you are using medications of any kind, alert us.

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

Now create your own inform. It's free!

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

I confirm that I accept the extra blood tests with further monitoring as above if required with an additional cost as specified in the Patient price list.

Patient Name

Signature

Sign Here 



Clear

Date

DD/MM/YYYY 

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 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 GLP-1 medications.
5. GLP-1 medications 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 GLP-1 treatment in patients on warfarin or other coumadin derivatives more frequent monitoring of International Normalized Ratio INR is recommended.
7. GLP-1 medications cause 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 GLP-1 agonists.
8. There are several special warnings and precautions for use of GLP-1 medications including warnings on pancreatitis, cholelithiasis and cholecystitis, thyroid disease, heart rate, dehydration and hypoglycemia in people with type 2 diabetes.
9. Thyroid adverse events, such as goiter have been reported in particular in patients with pre-existing thyroid disease. GLP-1 medications should therefore be used with caution in patients with thyroid disease.
10. 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.
11. Signs and symptoms of dehydration, including renal impairment and acute renal failure, have been reported in patients treated with Semaglutide. Patients treated with semaglutide 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.
12. Acute pancreatitis has been observed with the use of Semaglutide. Patients and their carers 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.
13. GLP-1 medications may cause dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures in both genders of rats and mice. It is unknown whether GLP-1 medication causes thyroid C-cell tumors, including medullary thyroid carcinoma

Patients should be aware of symptoms of thyroid tumors (such as a mass in the neck, difficulty swallowing, difficulty breathing or shortness of breath, and persistent hoarseness).

The most common 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 this medication, 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 effect that bothers you or that does not go away.

Risks of 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; dry mouth; gallbladder disorders; gastrointestinal discomfort; gastrointestinal disorders; insomnia; nausea; vomiting, hypoglycemia, dyspepsia, gastritis, gastro-esophageal reflux disease, flatulence, eructation, upper abdomen pain, abdomen distension, cholelithiasis, injection site reactions, fatigue, increased lipase and increased amylase.

b. Uncommon: Malaise; pancreatitis; tachycardia, urticaria

c. Rare: Renal impairment, allergic reaction, anaphylaxis

Do not take GLP-1 medications if any of the below contraindications apply to you:

- a. Aged under 18 or above 75**
- b. Severe renal/kidney impairment (with eGFR of 15 or below) or a history of renal disease**
- c. Severe hepatic/liver impairment**
- d. Personal or family history of medullary thyroid cancer MTC**
- e. Hypersensitivity to GLP-1 or to any of the excipients: disodium phosphate dihydrate, propylene glycol, phenol and water for injection.**
- f. Concurrent treatment with any other products for weight management**
- g. Weight problems related to endocrinological or eating disorders**
- h. Concurrent insulin or sulfonylurea.**
- i. Patients on warfarin (more frequent INR monitoring required)**
- j. Concurrent use of any medicinal products with may cause weight gain**
- k. Pregnancy, breastfeeding or trying to/planning to become pregnant.**
- l. Congestive heart failure**
- m. History of pancreatitis, gallbladder disease, inflammatory bowel disease, diabetic gastroparesis.**
- n. Patients with a personal or family history of MEN 2 (Multiple Endocrine Neoplasia syndrome)**

The below drugs interact with Ozempic and treatment of Ozempic 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 the opportunity to have all of my questions answered.

Patient Name

Signature

Sign Here 



Clear

Date

DD/MM/YYYY 


I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. At any stage during the treatment, I have the right to request that the procedure is terminated, however I accept that I will not be reimbursed once supply has commenced.


- I am clear about the risks of using the medication
- I am clear about the expected weight loss outcomes of this program
- I am clear about the diet, exercise and behavioural changes I need to make

My signature on this form affirms that I have given my consent to the protocol as specified below:

Patient Name

Signature

Sign Here 




Clear


Date

DD/MM/YYYY 

Practitioner Name

Signature

Sign Here 



Clear

Date

DD/MM/YYYY 

Signing this agreement confirms that you acknowledge the prescriber is not your primary care provider, and you must see your primary care provider for any acute or chronic illnesses that may be discovered during treatment via lab work or symptoms; or are currently existing and treated by your PCP.