

Patient Name: Date of Birth:

Address: City: State: Zip:

Phone: Email:

GLP-1 QUESTIONNAIRE

1. Do you have any allergies to Semaglutide, Tirzepatide, or any of the ingredients in the injectable solution? Yes No

2. Please list ALL additional medications (Rx & OTC), vitamins/supplements, and herbal products you are currently taking or plan to take:
 Vitamine D3, anlodipine, crestor, Zoloft

3. Have you ever been diagnosed with pancreatitis (inflammation of the pancreas), diabetic retinopathy (damage to the eyes caused by diabetes), gallbladder disease, or kidney disease? Yes No

4. Have you ever been diagnosed with diabetic ketoacidosis or type 1 diabetes? Yes No

5. Are you currently pregnant or breastfeeding? Yes No

6. Do you plan on becoming pregnant? Yes No

7. Have you ever been diagnosed with any mental disorders or illnesses? Yes No

8. Do you drink alcohol or smoke tobacco products? Yes No

9. Have you ever been diagnosed with thyroid cancer or any disorders? Yes No

10. Do you, or have you recently experienced digestive issues? (Such as gaseous stomach pain, indigestion, recurrent fevers, severe nausea or vomiting, stomach fullness/bloating, yellow eyes, or skin.) Yes No

Qualifications for Semaglutide and Tirzepatide:

- Individuals are eligible if they are adults who have a body mass index of at least 30, which is classified as having obesity.
- Adults also can qualify if they have a BMI of 27 or greater, which puts them in the category of being overweight, if they also have at least one weight-related condition – such as diabetes, hypertension, or high cholesterol.
- For Wegovy, patients who are 12 and older with a BMI in the 95th percentile for age and sex are also eligible.

