

SemaglutideTherapy.com

Patient Name: _____ DOB: _____

Height		Weight		Ideal Weight		T1 <input type="checkbox"/>	T2 <input type="checkbox"/>	T3 <input type="checkbox"/>
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Blood Pressure		Pulse	
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WEIGHT LOSS JOURNEY

SUMMARY OF DIET

BIGGEST OBSTACLES TO ACHIEVING IDEAL WEIGHT

PRESCRIPTIONS / MEDICATIONS

SUPPLEMENTS

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HEALTH HISTORY

MEDICAL	NORMAL	ABNORMAL FINDINGS
General		
Skin		
HEENT		
Respiratory		
Cardiac		
GI		
Urinary		
MSK		
Neuro		
Endocrine		
Psychiatric		

Have you been diagnosed with any of the following?

- Diabetic retinopathy
- Low blood sugar
- Decreased kidney function
- Pancreatitis
- Medullary thyroid cancer
- Multiple endocrine neoplasia type 2
- Family history of Medullary Thyroid Cancer
- Kidney disease

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Information to review with patient

- Contact clinic with any questions
- Decrease meal portion size by 50%
- Avoid high fat meals
- Most effective when combined with healthy diet and exercise regimen
- Change injection site every week

MEDICAL CLEARANCE

Medically Cleared: YES NO

Name of Health Care Provider (Print / Type):

_____ Date: _____

Address: _____

Phone: _____

Signature of Health Care Provider:

_____ **MD/DO/NP/PA**