



Semaglutide Injection

CONSULTATION FORM

CLIENT INFORMATION:

Name: _____ Date: _____

Date of birth: _____ Age: _____ ☐ Female ☐ Male ☐ Non-Binary

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

How did you hear about us? _____

MEDICAL HISTORY

Please mark any of the following conditions you may currently have.

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

Currently, do you have any medical condition? ☐ No ☐ Yes _____

Any known allergies? ☐ No ☐ Yes _____

List any medications/ supplements you take regularly: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2) | <input type="checkbox"/> Medullary Thyroid Carcinoma |
|--|--|

SEMAGLUTIDE INJECTION CONSULTATION FORM



Are you allergic to any of the following?

☐ GLP-1 Receptor Agonists ☐ Vitamin B ☐ Adhesives/latex ☐ Benzyl Alcohol ☐ L-Carnitine

Any other known allergies? _____

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

If yes, please explain: _____

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

HEALTH HABITS

Do you smoke? ☐ No ☐ Yes; please specify how many per day or week _____

Do you drink alcohol on a regular basis? ☐ No ☐ Yes; please specify _____

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

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

What are your areas of concern?

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

FEMALE MEDICAL HISTORY - ONLY FEMALES

Are you pregnant or trying to become pregnant? ☐ No ☐ Yes

Are you taking any contraceptives?: _____

I certify that all the information I have provided on this form is accurate and complete to the best of my knowledge. I am aware that withholding information or providing false details may lead to adverse reactions or complications.

Client Name (Printed)

Client (signature)

Date



Semaglutide Injection

CLIENT CONSENT FORM

I authorize the administration of Semaglutide Injections as directed by my healthcare provider. Semaglutide is a medication derived from human sources that acts as an agonist for the glucagon-like peptide-1 receptor, and it's used to manage chronic weight and diabetes conditions. I have been briefed on the proper procedure for administering Semaglutide injections, as well as the prescribed dosage. I understand that I should not take this medication if I have a history of the following:

- You are pregnant or considering pregnancy while undergoing treatment with this medication.
- You or your family have a background of Medullary Thyroid Carcinoma (Thyroid Cancer) or Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2).
- You have a medical history involving pancreatitis, kidney failure or disease, liver failure or disease, or gastrointestinal disorders.
- You are allergic to Semaglutide or other medications classified as GLP-1 agonists (such as Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®), or if you have undisclosed allergies.
- You have diabetes, retinopathy, or take blood sugar-lowering medication without consulting your endocrinologist

Potential side effects of Semaglutide may include nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distension, belching, hypoglycemia, flatulence, gastroenteritis, and gastroesophageal reflux disease. Common reactions at the injection site may include itching, burning, and skin thickening (welling). If you experience any severe allergic reactions such as rash, itching, swelling of the face, tongue, or throat, or anaphylaxis, seek immediate medical attention.

There is a risk of drug interactions, particularly with anti-diabetic agents like Insulin and Sulfonylureas, which can increase the risk of hypoglycemia (low blood sugar). Do not combine Semaglutide with other GLP-1 agonist medications (such as Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®). Inform your healthcare provider of any medications that may lower blood sugar levels.

It's important to understand that Semaglutide is one component of a comprehensive lifestyle approach that includes diet and exercise. Regular follow-up visits with your healthcare provider are necessary to adjust dosages as needed.

By signing below, you agree to the following:

I have completed this form truthfully and to the best of my knowledge. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any falsification of my medical history

Client Name (Printed)

Client (signature)

Date



Semaglutide Injection

CARE ADVICE

To achieve optimal results, it's essential to maintain a consistent regimen that supports your overall health and well-being.

- **Storage:** Keep the Semaglutide injections in the refrigerator, ensuring they are not frozen. Dispose of used needles in a secure, closed container, and store it out of reach of children and pets.
- **Managing Nausea:** If you experience nausea, try eating slowly and consuming smaller portions. Drinking clear liquids and avoiding lying down immediately after eating can also help. Focus on foods with higher water content and maintain a regular meal schedule while minimizing snacking between meals.
- **Fiber-Rich Diet:** Prioritize a diet rich in fiber, incorporating plenty of fruits and vegetables known for their fiber content.
- **Small, Protein-Rich Meals:** Opt for smaller meals that are rich in protein. This can help slow down digestion, which may be beneficial while taking this medication.
- **Low-Fat Choices:** Avoid high-fat foods, as they may contribute to nausea and vomiting. It's advisable to administer injections before meals rather than after, to mitigate potential side effects from consuming high-fat or high-sugar foods.
- **Moderate Alcohol Consumption:** Limit or avoid alcohol intake while using Semaglutide injections, as it can heighten the risk of hypoglycemia, dehydration, nausea, and vomiting.
- **Caffeine Awareness:** Exercise caution with caffeine consumption, as it may influence the effects of semaglutide, potentially leading to low blood sugar levels or dehydration.

Client Name (Printed)

Client (signature)

Date



Glucagon-like Peptide Receptor Agonist Injection

PHOTO & VIDEO RELEASE FORM

I, _____ hereby grant and authorize Lyette Iglesias MD I grant the right to capture, modify, edit, reproduce, exhibit, publish, distribute, and utilize any photographs, videos, and/or audio recordings taken of me for lawful promotional purposes. These materials may include, but are not limited to, newspapers, flyers, posters, brochures, advertisements, press kits, websites, social media platforms, and other forms of print and digital communication. I provide this authorization without expecting any payment or other forms of consideration.

This authorization remains in effect indefinitely and applies to all languages, media, formats, and markets, whether currently known or discovered in the future.

I willingly waive any rights to royalties or other compensation arising from or related to the use of these photographs or recordings.

I acknowledge and accept that the materials created through this agreement will be the property of the Lyette Iglesias MD and will not be returned to me.

I hereby release and discharge the Lyette Iglesias MD from any liability, claims, or legal actions that may arise, including those made by myself, my heirs, representatives, executors, administrators, or any other individuals acting on my behalf or on behalf of my estate.

By signing below, I confirm that I have thoroughly read and comprehended the entirety of the release agreement stated above.

By signing below, I hereby acknowledge that I have completely read and fully understand the above release agreement

Client Name (Printed)

Client (signature)

Date



Semaglutide Injection

CANCELLATION POLICY

In order to ensure the provision of high-quality care within a reasonable timeframe, we have implemented an appointment and cancellation policy.

As appointments are in high demand, canceling your appointment in advance allows us to offer the time slot to another individual seeking timely care. This policy helps us optimize our appointment availability for all clients.

During the appointment booking process, you will be required to make a \$25.00 deposit, which will be applied as a credit towards your scheduled treatments.

We understand that circumstances may arise requiring you to cancel or reschedule your appointment. To avoid any inconvenience, please notify us at least 24 hours prior to your scheduled appointment. In such cases, your deposit will either be refunded or applied towards a future appointment. However, if you provide less than 24 hours' notice, a \$25.00 cancellation fee will be charged.

Please note that if you arrive more than 15 minutes late for your appointment, it will be considered a no-show and the cancellation fee will be applied.

We are more than happy to address any inquiries or concerns you may have regarding our cancellation policy.

I have read and fully understand the above Appointment Cancellation Policy and agree to be bound by its terms. I agree to pay the cancellation fee in the event of a missed appointment.

Client Name (Printed)

Client (signature)

Date

To contact us *use our Email mentioned below*, do not leave a message on the answering machine because it will not be heard due to the volume of calls.



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FREQUENTLY ASKED QUESTIONS

WHAT IS SEMAGLUTIDE AND HOW CAN IT HELP WEIGHT LOSS?

Semaglutide functions as a GLP-1 receptor agonist, acting upon injection to regulate appetite and control food intake. It is tailored to support adults dealing with obesity or those who are overweight in their efforts toward weight management.

HOW DO I TAKE SEMAGLUTIDE INJECTIONS?

Semaglutide is typically administered once a week using a pre-filled pen. You can inject it under the skin of your stomach, thigh, or upper arm. Your healthcare provider will provide instructions on the correct technique for administration.

HOW LONG DOES IT TAKE FOR SEMAGLUTIDE TO WORK?

While Semaglutide may begin to demonstrate noticeable effects on weight loss within a few weeks of consistent usage, it's crucial to understand that individual responses can differ. To attain the most effective and sustainable weight loss outcomes, it's important to remain dedicated to healthy eating habits and regular physical activity. Consistency in these lifestyle factors will complement the effects of Semaglutide and optimize your weight management journey.

DOES SEMAGLUTIDE REALLY WORK?

Semaglutide is not a one-size-fits-all solution, but during clinical trials, over half of the participants achieved substantial weight loss, averaging around 15% of their body weight. However, for optimal results, this treatment is most effective when combined with healthy lifestyle changes.

WILL MY INSURANCE COVER SEMAGLUTIDE?

Insurance companies often offer coverage for semaglutide when it's prescribed for the treatment of type 2 diabetes. However, coverage for semaglutide as a weight loss medication is not commonly provided. It's always advisable to verify with your insurance provider regarding coverage specifics.



Semaglutide Injection

CLIENT TREATMENT RECORD

CLIENT INFORMATION:

Name: _____ Date: _____
Date of birth: _____ Age: _____ ☐ Female ☐ Male ☐ Non-Binary
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

DATE	MEDICATION	FREQUENCY	DOSE	NOTES



Inyección de Semaglutide

BODY COMPOSITION

INFORMACIÓN DEL CLIENTE:

Nombre: _____ Fecha: _____

Fecha de nacimiento: _____ Edad: _____ ☐ Femenino ☐ Masculino ☐ No binario

A ESTADO EN AYUNA ALMENOS LAS ULTIMAS 2 HORAS? Si ☐ No ☐

A HECHO ALGUN EJERCISIO PREVIO ? Si ☐ No ☐

ESTAS PASANDO POR TU PERIODO MESTRUAL? Si ☐ No ☐

HASCONSUMIDO ALGUNABEVIDA ALCOHOLICA Si ☐ No ☐

EN LAS ULTIMAS 24 HORAS? Si ☐ No ☐

TIENESPUESTOUNMARCAPASOS? Si ☐ No ☐

TIENE ALGUN OBJETO METALICO? Eje cadenas, manillas, anillos esct Si ☐ No ☐

ESTAS EN CINTA? Si ☐ No ☐

Nombre del cliente (impreso)

Firma del cliente)

Fecha