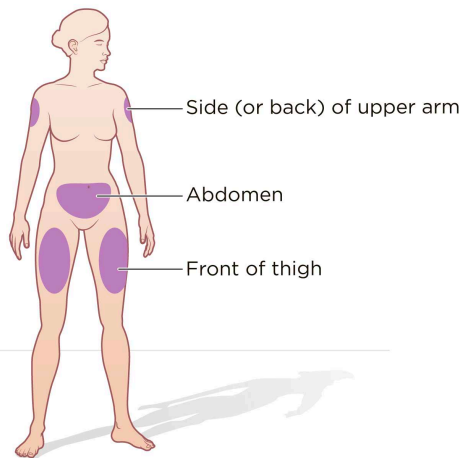


# Semaglutide and Tirzepatide



Semaglutide and Tirzepatide are weekly injectable medications that may help adults with a BMI  $\geq 27$  lose weight and keep it off **when used in combination with a reduced calorie meal plan and regular exercise.**

**Most common side effects** include nausea, diarrhea, vomiting, constipation, stomach pain, headache, fatigue, dizziness, feeling bloated, gas, heartburn, runny nose, or sore throat.

**More serious side effects** include pancreatitis, gallbladder problems, hypoglycemia, gastroparesis (damage to stomach muscles that prevents proper emptying), vision changes (particularly with diabetes), kidney failure, anaphylaxis, possible thyroid tumors including cancer, increased heart rate, and depression.

**Medication interactions:** There are 246 drugs known to have a moderate interaction with this class of medication. Both of these medications can affect how a medication is absorbed, particularly with dose changes. Please provide us with an accurate and current medication record. **If you are on a birth control pill**, please talk with your provider about changing methods.

**Do not use either medication if** you have a personal or family history of thyroid cancer, particularly Medullary Thyroid Carcinoma or if you have a personal history of Multiple Endocrine Neoplasia Syndrome Type 2 (MEN 2). **Before using either medication, please tell your provider if you have any problems with your pancreas or kidneys, history of diabetic retinopathy, depression or other mental health issues, pregnant or plan to become pregnant, or breastfeeding.**

I recommend at least monthly visits to our office or via telehealth to monitor your progress. However, I am here to support you on your weight loss journey. If you need to check in more often, no problem. Either way, please call the office to schedule an appointment 615-557-7585 or email me directly at [julie@parknpclinic.com](mailto:julie@parknpclinic.com).

If my health status or medication regimen changes, I will notify my provider at Park NP Clinic. I consent to using a GLP-1 medication to aid in my weight loss efforts.

---

signature

---

date

---

printed name

## Weight Loss Intake Form

If you've had labwork collected in the past 6 months, please email a copy to [julie@parknpclinic.com](mailto:julie@parknpclinic.com).

What are you current hobbies? \_\_\_\_\_

\_\_\_\_\_

What do you think your current obstacles are to maintaining a healthy weight?

\_\_\_\_\_

Are you in good health at the present time to the best of your knowledge? Y/N \_\_\_\_\_

Do you have any digestive issues currently? Y/N \_\_\_\_\_ If yes, what symptoms do you experience on a regular basis? \_\_\_\_\_

\_\_\_\_\_

How do you manage those symptoms? \_\_\_\_\_

\_\_\_\_\_

Do you have any history of pancreatitis or gallbladder attacks Y/N \_\_\_\_\_

Do you still have a gallbladder? Y/N \_\_\_\_\_

What is your current height? \_\_\_\_\_ current weight? \_\_\_\_\_

What do you consider your ideal weight? \_\_\_\_\_

How much weight do you want to lose at this time? \_\_\_\_\_

Do you engage in any type of regular exercise? Y/N \_\_\_\_\_ If so, what is your routine? \_\_\_\_\_

Do you have any issues that limit your ability to exercise? Y/N \_\_\_\_\_

Have you ever taken prescription weight loss medication? Y/N \_\_\_\_\_

If so, what have you taken in the past? \_\_\_\_\_

### ***For women only:***

Are you planning pregnancy in the near future? Y/N \_\_\_\_\_

How are you preventing pregnancy? \_\_\_\_\_

**\*\* If you are taking oral contraceptives, we will have to discuss alternatives if you wish to take semaglutide or tirzepatide.**

Are you currently breastfeeding? Y/N \_\_\_\_\_