



GLP-1 Receptor Agonist Medications

INFORMED CONSENT FORM

Date: _____

Patient Name: _____ DATE OF BIRTH: _____

Purpose of This Form

This form explains the use, benefits, risks, and alternatives to GLP-1 medications (including semaglutide, tirzepatide, and other GLP-1 or GLP-1/GIP agonists) prescribed for weight management and metabolic health.

It is important that you understand this information before beginning treatment.

What Are GLP-1 Medications?

GLP-1 receptor agonists are medications that mimic glucagon-like peptide-1, a natural hormone that helps regulate blood sugar and appetite. These medications are FDA-approved for type 2 diabetes and weight loss, and include brand names such as Ozempic®, Mounjaro®, Wegovy®, and Zepbound®. Some patients may receive compounded formulations of semaglutide or tirzepatide prepared by a licensed pharmacy.

How Do These Medications Work?

- Reduce appetite and increase feelings of fullness
- Slow stomach emptying to keep you feeling satisfied longer
- Improve blood sugar control (if diabetic)
- May improve cardiovascular markers like blood pressure and cholesterol
- May improve other metabolic conditions

Benefits

- Significant weight loss (clinical trials show 10-20% body weight reduction or more in many patients)
- Improved blood sugar control if diabetic
- Reduced cardiovascular risk markers
- Support for lifestyle modification and healthier eating habits
- When combined with diet, exercise, and behavioral support, can improve long-term health outcomes

Common Side Effects

Most side effects are mild to moderate and often improve over time:

- Nausea
- Vomiting
- Diarrhea or constipation
- Abdominal pain or discomfort
- Reduced appetite
- Headache
- Fatigue
- Dizziness



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Serious Side Effects (Rare but Possible)

You should contact your provider if you experience any of the following serious side effects:

- Persistent vomiting or inability to keep food/fluids down
- Vision changes
- Signs of thyroid cancer (difficulty swallowing, persistent hoarseness, difficulty breathing, persistent cough)
- Pancreatitis (severe upper abdominal pain radiating to back, persistent nausea/vomiting)
- Gallbladder problems (upper right abdominal pain, yellowing of skin/eyes)
- Severe allergic reaction (difficulty breathing, swelling of face/lips/tongue)
- Thoughts of self-harm or significant mood changes
- Heart palpitations, chest pain, or difficulty breathing
- Non-arteritic anterior ischemic optic neuropathy/ "eye stroke" (blood flow to the optic nerve is restricted, causing blindness. Rare condition affecting as few as 1 in 10,000 patients)

Medication Interactions

GLP-1 medications can interact with other medications, especially:

- Diabetes medications (may require dose adjustment)
- Weight loss medications (should not be combined)
- Certain blood pressure medications
- Medications that slow stomach emptying

It is critical that you disclose all medications, supplements, and herbal products to your provider.

Who Should NOT Take GLP-1 Medications

GLP-1 medications are contraindicated (not appropriate) if you:

- Are pregnant, planning to become pregnant, or breastfeeding
- Have a personal or family history of medullary thyroid carcinoma (a rare thyroid cancer)
- Have a personal or family history of multiple endocrine neoplasia syndrome type 2 (MEN 2)
- Have severe kidney disease
- Have severe liver disease
- Have a history of pancreatitis (unless approved by your provider)
- Are allergic to any ingredient in the medication

Medical History Required

I confirm that I have disclosed to my provider:

- All medical conditions (past and present)
- All medications and supplements I currently take
- Any allergies or adverse reactions to medications
- Family history of medical conditions



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- Any history of eating disorders or disordered eating
- Current or past mental health conditions (depression, anxiety, suicidal thoughts)
- Alcohol or substance use
- Pregnancy status or plans to become pregnant

What to Expect

1. **Initial Evaluation:** Your provider will review your medical history, perform a physical exam if needed, and discuss your weight loss goals and lifestyle plan.
2. **Starting the Medication:** GLP-1 medications are typically started at a low dose and gradually increased over weeks/months to improve tolerability (called "titration").
3. **Self-Administration:** You will self-inject the medication once weekly using a pre-filled pen or syringe. Your provider or nurse will train you on proper injection technique.
4. **Follow-up Visits:** You will have regular check-in visits (in-person or telehealth) to monitor:
 - Weight loss progress
 - Side effects and tolerance
 - Blood pressure and other vital signs
 - Lifestyle adherence (diet, exercise, sleep, stress)
 - Mental health and mood changes
 - Any new medications or health changes
5. **Lifestyle is Essential:** These medications work best when combined with:
 - Healthy eating and portion control
 - Regular physical activity
 - Adequate sleep
 - Stress management
 - Behavioral support and counseling
6. **Long-Term Use:** These medications are typically used long-term. Stopping the medication may result in weight regain. Your provider will work with you on a discontinuation plan if needed.

Cost and Financial Responsibility

- Compounded GLP-1 medications are **not covered by insurance** (compounded formulations are not FDA-approved and most insurance plans do not reimburse).
- You will be responsible for the full cost of the medication at the time of prescription or delivery.



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- Cost per dose: *To be discussed with your provider.*
- Pricing for brand-name medications (if using Ozempic®, Wegovy®, Mounjaro®, etc.) may be covered by insurance; your provider will discuss prior authorization options if you choose a brand-name option.
- Telehealth visit fees and in-person follow-up visits are your responsibility.
- Your provider will provide an estimate before starting treatment.

Patient Responsibilities

By choosing to start GLP-1 therapy, I agree to:

- Inject the medication exactly as prescribed and keep doses consistent
- Attend scheduled follow-up appointments
- Disclose all side effects and medical changes to my provider
- Not share this medication with anyone else
- Safely dispose of used needles in a sharps container
- Maintain healthy eating and physical activity habits
- Notify my provider before starting any new medications, supplements, or medical treatments
- Inform my provider if I become pregnant or plan to become pregnant
- Report any thoughts of self-harm or significant mood changes immediately
- Be honest about medication adherence and lifestyle changes

Alternatives to GLP-1 Medications

Before starting GLP-1 therapy, your provider should have discussed alternative weight loss options, including:

- Intensive lifestyle modification (diet, exercise, behavioral counseling)
- Other weight loss medications (phentermine, orlistat, etc.)
- Bariatric surgery (for eligible candidates)
- Continued observation and support without medication

Provider Contact & Emergency

Your Provider: Dr. Henry Lin **Phone:** (774) 227-8482, ext 800

If you experience a medical emergency (chest pain, difficulty breathing, severe allergic reaction, thoughts of self-harm), **call 911 or go to the nearest emergency room immediately.**

For non-emergency concerns or side effects, contact your provider during business hours.



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Informed Consent & Acknowledgment

I have read this entire informed consent form and understand the information presented. I have discussed the benefits, risks, and alternatives of GLP-1 therapy with my provider, and all of my questions have been answered to my satisfaction.

I understand that:

- GLP-1 medications are not a substitute for healthy eating and exercise
- Results vary by individual
- I may experience side effects
- I am responsible for medication cost
- Long-term use may be required
- I should report any new or worsening symptoms to my provider

I voluntarily choose to begin GLP-1 therapy and accept the risks associated with this treatment.

PATIENT SIGNATURE: _____ **DATE: //** _____

PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE (if under 18): _____ **DATE: //** _____

PROVIDER SIGNATURE: _____ **DATE: //** _____

PROVIDER PRINTED NAME & CREDENTIALS: _____