SEMAGLUTIDE/VITAMIN B12 NOTE: **NAME:** _____ **DATE OF BIRTH:**_____

Lapband Solutions & Medical Weight Management

What is your meal portion size? (Check box)

□ ¼ cup □ ½ cup-¾ cup □ 1 cup □ 1½ cups □ ≥2 cups

How long does it take you to eat? (Check box)

□ <15 minutes □ 15-30 minutes □ 30 minutes-1 hour □ >1hour

Are you exercising? □ No □ Yes # of mins _____, # of times/week _____

Type: □ Gym □ Cardio □ Weights □ Walking □ Biking □ Hiking □ Trainer

□ Other _____

Describe what you TYPICALLY eat for Breakfast, Lunch, and Dinner:

Breakfast: _____

Lunch: _____

Dinner: _____

# of snacks per day: _____ **What type of snack(s) do you eat?** _____

What liquids do you drink? Water _____ □ **Soda (including Diet)** □ **Other** _____

Counseling and Informed Consent for Compounded Semaglutide/B12:

- **Possible thyroid tumors, including cancer**: Semaglutide causes thyroid C-cell tumors in rodents and the human relevance of this finding has not been determined. *It is not known if semaglutide will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people*. I will monitor for and report symptoms of thyroid tumors (ie. lump in my neck, hoarseness, dysphagia, or dyspnea) to my healthcare provider
- I **do not** have a personal or family history of medullary thyroid carcinoma (MTC) or an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- **Pancreatitis**: There is a potential risk for pancreatitis with use of semaglutide. I will promptly contact my healthcare provider if pancreatitis is suspected (ie. severe abdominal pain that may radiate to the back, and which may or may not be accompanied by vomiting) **and immediately stop taking semaglutide**.
- **Diabetic Retinopathy Complications in Patients with Type 2 Diabetes**: *Patients with type II diabetes and a history of diabetic retinopathy* should notify their healthcare provider if they experience vision changes during treatment with semaglutide
- I **will not** share my semaglutide medication with another person
- **Hypoglycemia (low blood sugar)**: *In patients with type II diabetes*, hypoglycemia can occur when semaglutide is used **with** insulin or with certain diabetic medications. I will contact my healthcare provider should I develop signs and symptoms of hypoglycemia *(ie. dizziness or lightheadedness, blurred vision, anxiety, irritability/ or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, and feeling jittery)*
- **Acute Kidney Injury (kidney failure)**: In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to worsen. It is important to drink fluids to help reduce any chance of dehydration and monitor for associated signs and symptoms of renal impairment (ie. decrease urine output, fluid retention causing swelling in legs/ankles/feet, shortness of breath, fatigue, confusion, nausea, weakness, irregular heartbeat, chest pain/pressure, seizures, or coma)
- **Serious hypersensitivity reactions**: Serious hypersensitivity reactions have been reported with use of semaglutide. I will promptly contact my healthcare provider should I develop symptoms of hypersensitivity reactions *(anaphylaxis; angioedema; swelling of my face, lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat)* **and immediately stop taking semaglutide**
- **Gallbladder problems (ie. cholelithiasis or cholecystitis)**: Gallbladder problems have happened in some people who take semaglutide. I will promptly contact my healthcare provider should I develop any of the following symptoms: pain in my upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools **and immediately stop taking semaglutide**
- **Pregnancy/Breastfeeding**: Semaglutide use has potential risk to a fetus. Unless I am not of childbearing age or have had a tubal ligation/hysterectomy, I will notify my healthcare provider if I am pregnant or breastfeeding **or** have plans to become pregnant or breastfeed. ***I will stop using semaglutide 2 months before planning to become pregnant***
- **Suicidal Behavior and Ideation**: Suicidal behavior and ideation have been reported in clinical trials with other weight management products. I do not have a history of suicidal attempts or active suicidal ideation (thoughts/ideas of suicide). ***I will stop using semaglutide if I experience suicidal thoughts/behaviors and/or any unusual changes in mood or behavior***
- **Adverse reactions**: Most common adverse reactions of semaglutide in adults (incidence ≥ 5%) are: nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia (upset stomach), dizziness, abdominal distension (feeling bloated), eructation (belching), hypoglycemia (in patients with type 2 diabetes), flatulence (farting), gastroenteritis, and nasopharyngitis (cold symptoms).
- **Heart Rate Increase**: Treatment with semaglutide has been associated with increases in resting heart rate (mean increases of 1 to 4 beats per minute). I will promptly contact my healthcare provider if I experience palpitations or feelings of a racing heartbeat.

Patient Consent: I authorize the licensed nurse practitioners of Lapband Solutions to provide medical care and treatment for me and have provided them with all relevant information regarding my health history, review of systems, allergies, and medications I am currently taking (including prescriptions, over-the-counter medications, herbal remedies/supplements). I have further informed the nurse practitioners of any recreational drug or alcohol use. I acknowledge that it is important that I understand the medical care and treatment that I receive, and that I may ask my healthcare providers any questions regarding any aspect of my medical care and treatment. I am aware of and accept that there are no guarantees regarding the medical care and treatment being provided by the nurse practitioners of Lapband Solutions.

_____ _____

Patient Signature **Date**

HT: _____ **WT.** _____ **(Previous wt.** _____**; Date** _____**)**

VS: □ **See EMR BMI** _____ **BP** _____ **HR** _____ **RR** _____ **O2%** _____

Review of Systems: □ **WNL** (x̄ checked boxes below)

General: □ Fever □ Fatigue □ Weight gain □ Weight loss

EENT: □ Vision changes □ Hoarseness □ Dysphagia □ Neck lump(s)

Cardiovascular: □ CP/discomfort □ Tachycardia

Respiratory: □ Difficulty breathing □ SOB with exertion

Gastrointestinal: □ Heartburn □ Reflux □ Nausea □ Vomiting □ Constipation □ Diarrhea □ Abdominal pain

Neurological: □ Dizziness/lightheadedness □ Fainting □ Confusion

Psychological: □ Anxiety □ Depression □ Mood/Behavior changes

Other: _____

Physical Exam: □ **WNL**

General: Alert and oriented, normal LOC, NAD
Resp: Unlabored, chest symmetric with normal expansion
Musculoskeletal: Normal gait, fully mobile
Psychological: Judgement and insight good, mood/affect full range, cooperative with exam

***Neck**: Trachea midline, no visible or palpable masses*

Other:
Cardiovascular: □ RRR □ No murmurs, rubs, or gallups
Respiratory: □ CTA

Note: Medications, Medical/Family/Social/Surgical history reviewed

_____

_____

_____

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_____

Semaglutide/B12 Dosing: □ Consent form reviewed and signed

□ Injection administration education provided

□ **Initial dose Month #1**: 0.25mg subcutaneously x 4 weeks

□ **Month #2:** 0.5mg subcutaneously x 4 weeks

□ **Month #3:** 1.0mg subcutaneously x 4 weeks

□ **Month #4:** 1.7mg subcutaneously x 4 weeks

□ **Month #_____ : 2.4mg subcutaneously x4 weeks**

Other: _____

Plan: Return for follow-up visit in 1 month □ Follow-up in _____

Education: Reviewed potential side effects of semaglutide/vitamin B12 use and importance of monitoring for thyroid tumors, vision changes, pancreatitis, renal impairment, hypoglycemia, serious hypersensitivity reactions, gallbladder problems, suicidal behavior/ideation **and**:

□ Exercise (□ Incorporate exercise into routine □ ↑ exercise frequency □ Resume exercise □ Maintain exercise)

□ Diet (including food choices and calorie/protein intake)

□ ↓ consumption of refined carbohydrates

□ Eating behaviors (ie. portion control, avoidance of rushing through meals)

□ Alternative meal/snack options

□ Hydration (minimum of 64 ounces/2L daily)

□ Labs ordered **Other**: _____

Healthcare Provider: □ **Dawn Morrison, ANP-BC** _____ □ **Maria Jaten, FNP-C** _____ **Date:** _____