Lapband Solutions
& Medical Weight Management

Name: _____ **DOB**: _____ **Gender**: □ Female □ Male **Phone #**: _____

E-mail: _____ **Primary Care Provider**: _____

Past Medical History: *(Check all that apply in the boxes below)* **Bariatric Surgeon** (if applicable): _____

GENERAL /CONSTITUTIONAL
- □ Fatigue/Tiredness
- □ Insomnia
- □ Sleep Disturbances

EARS/NOSE/THROAT
- □ Allergic Rhinitis
- □ Difficulty Swallowing
- □ Hoarseness

CARDIOVASCULAR
- □ Chest Pain with exertion
- □ Congestive Heart Failure (CHF)
- □ DVT (Blood clot in the leg)
- □ Heart Disease
- □ Heart Murmur
- □ ***Heart Pounding/Palpitations***
- □ High Cholesterol
- □ Hypertension (↑ Blood Pressure)
- □ MI (Heart Attack)
- □ Pacemaker/Defibrillator
- □ Stroke
- □ Swelling of Legs (Edema)
- □ ***Tachycardia (↑ Heart rate)***

RESPIRATORY
- □ Asthma
- □ COPD/Emphysema
- □ Pulmonary Embolus (Blood clot in the lung)
- □ Shortness of breath with exertion
- □ Sleep Apnea

GASTROINTESTINAL
- □ ***Abdominal pain***
- □ ***Acid Reflux/GERD***
- □ Barrett's Esophagus
- □ Blood in Stool
- □ Crohn's Disease
- □ Fatty Liver *
- □ ***Gallbladder problems***
- □ Heartburn/Indigestion
- □ Hepatitis
- □ Irritable Bowel Syndrome
- □ ***Pancreatitis***
- □ Stomach Ulcers
- □ Ulcerative Colitis

GENITOURINARY
- □ Blood in Urine
- □ Kidney Disease
- □ Kidney Stones
- □ Urinary stress incontinence

MUSCULOSKELETAL
- □ Chronic Back Pain
- □ Degenerative Disc Disease
- □ Fibromyalgia
- □ Gout
- □ Joint pain
- □ Lupus
- □ Multiple Sclerosis
- □ Osteoarthritis
- □ Rheumatoid Arthritis

SKIN
- □ Eczema
- □ Psoriasis

NEUROLOGICAL
- □ Epilepsy (Seizure Disorder)
- □ Migraines

PSYCHIATRIC
- □ Anorexia
- □ Anxiety
- □ Binge Eating
- □ Bipolar Disorder
- □ Bulimia
- □ Depression
  - □ ***History of suicidal attempt***
  - □ ***Suicidal behavior***
  - □ ***Thoughts of self-harm***

ENDOCRINE
- □ ***Diabetic Retinopathy***
- □ Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- □ Polycystic Ovarian Syndrome
- □ Prediabetes *
- □ Thyroid Disorder
- □ ***Type I or Type II Diabetes***

HEMATOLOGIC
- □ Anemia
- □ Cancer
- □ HIV
- □ Medullary Thyroid Carcinoma

OTHER MEDICAL HISTORY
- □ _____
- □ _____
- □ _____

CURRENT MEDICATIONS:
□ NONE □ See Attached List

_____

_____

_____

_____

_____

_____

SURGICAL HISTORY: *Lap-Band Placement (**Date**: _____) **Size**: □ APS (Small) □ APL (Large) □ Unknown □ Other _____

Surgery: _____ Date: _____ **Surgery**: _____ Date: _____

Surgery: _____ Date: _____ **Surgery**: _____ Date: _____

Surgery: _____ Date: _____ **Surgery**: _____ Date: _____

FAMILY HISTORY: □ Adopted □ No significant **paternal** family history (Healthy) □ No significant **maternal** family history (Healthy)

Mother's History: □ Unknown □ Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) □ Medullary Thyroid Carcinoma (MTC) □ Cancer □ Diabetes □ Heart Disease □ ↑Cholesterol □ Hypertension □ Stroke □ Obesity Other: _____

Father's History: □ Unknown □ Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) □ Medullary Thyroid Carcinoma (MTC) □ Cancer □ Diabetes □ Heart Disease □ ↑Cholesterol □ Hypertension □ Stroke □ Obesity Other: _____

DRUG ALLERGIES: □ ***NO KNOWN DRUG ALLERGIES*** □ PENICILLIN □ SULFA □ CODEINE □ IV CONTRAST DYE □ IODINE

OTHER: _____ □ LATEX □ SEASONAL □ ADHESIVE □ FOOD(S) _____

Patient Signature: _____ **Date**: _____

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

PATIENT COUNSELING INFORMATION (WARNINGS AND PRECAUTIONS)

(Please review and sign acknowledgment below)

Lapband Solutions & Medical Weight Management

- **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 promptly contact my healthcare provider if I experience vision changes.
- 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 oral diabetic medications *(ie. sulfonylureas: DiaBeta, Glynase, Micronase, Glyburide, Glibenclamide, Amaryl (glimeperide), Diabinese (chlorpropamide), Glucotrol (glipizide), Tolinase (tolazamide), Tolbutamide)*. I will contact my healthcare provider should I develop signs and symptoms of hypoglycemia (ie. dizziness, lightheadedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, fast heartbeat, headache, or 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, fever, yellowing of the skin or eyes, 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 or any unusual changes in mood or behavior
- **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.
- **Adverse reactions**: Most common adverse reactions of semaglutide in adults 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, gastroenteritis, and nasopharyngitis (cold symptoms).

By my signature below, I acknowledge that I have reviewed each of the aforementioned Warnings and Precautions

Patient's Signature	**Date**

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

_____

_____

_____

_____

_____

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:** _____

Lapband Solutions

PATIENT ARBITRATION AGREEMENT

Article 1: **Agreement to Arbitrate**: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by Arizona law, and not by a lawsuit or resort to court process except as Arizona law provides for judicial review or arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided on a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: **All Claims Must be Arbitrated:** It is the intention of the parties that this agreement bind all parties whose claims may arise out of or related to treatment or service provided by the nurse practitioner including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the nurse practitioner, and the nurse practitioner's partners, associates, association, corporation or partnership, and the employees, agents and estates of any if them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any court by the nurse practitioner to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3: **Procedures and Applicable Law:** A demand for arbitration must communicate in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, nit supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

Article 4: **General Provisions:** All claims based upon the same incident, transaction or related circumstances shall be arbitrated in once proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable Arizona statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the Arizona Revised Statutes provisions relating to arbitration.

Article 5: **Revocation:** This agreement may be revoked by written notice delivered to the nurse practitioner within 30 days, or signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: **Retroactive Effect:** If patient intends this agreement to cover services rendered before the date it is Effective as of the date of first medical services.

Patient's or Patient Representative's Initials: _____

If any provision if this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and I shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have been offered a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT

By: _____ _____
Nurse Practitioner Signature **Date**

By: _____ _____
Patient's or Pt. Representative's Signature **Date**

By: _____
Print Patient's Name

_____
(If Representative, Print Name and Relationship to Patient)

A signed copy of this document is to be filed in Patient's medical records.