

Compounded Semaglutide/Vitamin B12 Screening Form



SECTION A

Are you obese (BMI ≥ 30) or overweight (BMI ≥ 27 with at least one weight-related comorbid condition (ie. hypertension, type 2 diabetes mellitus, or dyslipidemia)?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
• (NOTE: You must meet the above criteria to be considered for semaglutide use)		

SECTION B

YES NO

1. Do you have a personal or family history of medullary thyroid carcinoma?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a history of Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a known hypersensitivity to semaglutide and/or vitamin B12?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a history of pancreatitis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a history of renal insufficiency and/or kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you pregnant, breastfeeding, or have plans to become pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a history of diabetic retinopathy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a history of suicidal attempts or active suicidal ideation (thoughts/ideas of suicide)? <i>*If yes, please call or text 988 to reach the National Suicide Hotline*</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you taking any type of insulin?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you taking Rybelsus or any of the following oral diabetic medications (see list below)? (DiaBeta, Glynase, Micronase, Glyburide, Glibenclamide, Amaryl (glimeperide), Diabinese (chlorpropamide), Glucotrol (glipizide), Tolinase (tolazamide), or Tolbutamide) (NOTE: If you are taking metformin, you can be considered for semaglutide use)	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have a history of gallbladder disease? (If you answered YES , has your gallbladder been removed..... <input type="checkbox"/> YES <input type="checkbox"/> NO) (NOTE: If your gallbladder has been removed, you <u>can be</u> considered for semaglutide/vitamin B12 use)	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understood this screening form and acknowledge that if I have answered “**YES**” to any of the above questions in **SECTION B (numbers 1-10)**, that I **WILL NOT** be eligible to use injectable compounded semaglutide/vitamin B12.

Name: _____ Date: _____

Patient's Signature