

# GLP-1 PRE-SCREENER

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

What are your wellness goals? \_\_\_\_\_

What is your weight? \_\_\_\_\_

What is your target weight? \_\_\_\_\_

## Medical History:

Diabetes? (If yes, follow up with PCP/ endocrinologist.)

Any personal or family history of Thyroid Cancer

Gallbladder disease?

Pancreatitis?

Multiple Endocrine Neoplasia Syndrome type 2 (MEN2)

Suicidal Behavior – have you had any persistent feelings of sadness, depression, or hopelessness? Any thoughts of hurting yourself?

Any history of hypoglycemia, Kidney injury?

Are you allergic to any of the following?  B Vitamins  GLP-1 Receptor Agonists

Adhesives/latex  Benzyl Alcohol  L-Carnitine

Do you have any other allergies?  No  Yes: \_\_\_\_\_

Are you currently taking any blood thinning drugs? (i.e., Aspirin and Warfarin)  No  Yes

If yes, please list them: \_\_\_\_\_

Have you had surgery in the past year?  No  Yes: \_\_\_\_\_

## FEMALE MEDICAL HISTORY

Are you currently:  Pregnant  Trying to conceive  Breastfeeding  Post-menopause

**Females should discontinue medication at least two months prior to trying to conceive.  
Speak with your Provider if you are trying to conceive.**

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