

PATIENT CONSENT AGREEMENT

You are completing this consultation for yourself and to the best of your knowledge. You will disclose any medical conditions, serious illnesses or operations you have had. You will disclose any prescription medications you are currently taking and agree to use only use one weight loss treatment at a time. You agree to our Terms & Conditions, Terms of Sale, and confirm that you have read our Privacy Policy. Your accurate and honest responses to this online questionnaire for weight loss treatment are crucial. Withholding or providing false information can severely harm your health and may result in life-threatening consequences. By filling out this questionnaire, you confirm that your responses are truthful and accurate, acknowledging the potential risks of misinformation

I agree



PERSONAL INFORMATION

Full Name

Email

How old are you?

- Under 18 18 to 74 75 or over

What is your ethnicity?

Healthy BMI ranges vary based on ethnic background. Our clinicians will carefully assess your BMI and full medical history to recommend the most suitable treatment. This may include off-label prescriptions when clinically appropriate.

- Black (Caribbean, African)
 Asian or Asian British
 Mixed ethnicities
 White
 Other ethnic group _____

What sex were you assigned at birth?

- Male Female

Are you currently pregnant, trying to get pregnant, or breastfeeding?

- Yes No

What is your weight?

kgs/ lbs

What is your height?

cm/ fts/in

Have you been diagnosed with diabetes?

Diabetes treatments can impact the way the medication included with our weight loss plan works.

- I have diabetes and take medication for it.
- I have diabetes and it's diet-controlled.
- No, but there is history of diabetes in my family
- I have pre-diabetes
- I don't have diabetes

Please specify the type of diabetes you have and the medications or treatments you have received.

Do any of the following statements apply to you?

These conditions can lead to serious complications when losing weight or taking weight loss medications.

- I have chronic malabsorption syndrome (problems absorbing food)
- I have cholestasis
- I'm currently being treated for cancer
- I have diabetic retinopathy
- I have severe heart failure
- I have a family history of thyroid cancer and/or I've had thyroid cancer

Do any of the following statements apply to you?

- I have end-stage kidney disease
- I have Multiple endocrine neoplasia type 2 (MEN2)
- I have a history of pancreatitis
- I have or have had an eating disorder such as bulimia, anorexia nervosa, or a binge eating disorder
- I have had surgery or an operation to my thyroid
- I have had a bariatric operation such as gastric band or sleeve surgery
- None of these statements apply to me

Do any of the following statements apply to you?

These conditions are often weight related and may be improved as a result of losing weight. The following statements apply to you?

- I have been diagnosed with a mental health condition such as depression or anxiety

Please tell us more about your mental health condition and how you manage it

- My weight makes me anxious in social situations
- I have joint pains and/or aches
- I have osteoarthritis
- I have GORD and/or indigestion
- I have a heart/cardiovascular problem
- I have menopausal symptoms
- I have polycystic ovary syndrome (PCOS)
- None of these statements apply to me
- I've been diagnosed with, or have a family history of, high blood pressure
- I've been diagnosed with, or have a family history of, high cholesterol
- I have fatty liver disease
- I have sleep apnoea
- I have asthma or COPD
- I have erectile dysfunction
- I have low testosterone

Do you have any other medical conditions?

Our clinicians need to know your full medical history to make sure our weight loss plan is safe for you.

- Yes No

if Yes, Please list any other medical conditions you have.

These conditions can lead to serious complications when losing weight or taking weight loss medications.

Have you ever taken any of the following medications to help you lose weight?

These conditions can lead to serious complications when losing weight or taking weight loss medications.

- Wegovy Ozempic Saxenda Rybelsus Mounjaro Alli
- Mysimba Other I have never any taken medication to lose weight.

if you chose "other", Which weight loss medication(s) have you tried?

What was your weight in kg before starting your previous medication?

kgs/ lbs

When was your last dose of?

- Less than 4 weeks ago 4-6 weeks ago More than 6 weeks ago

What dose were you prescribed most recently?

- 0.2mg 0.5mg 1mg 1.7mg 2.4mg Other _____ mg

If you want to continue, what dose would you like to continue with?

A clinician will review your answers and select your dosage as appropriate. Price varies by dosage.

- Increase my dose
 Keep my dose
 Decrease my dose
 Decrease my dose

Have you experienced any side effects?

- Yes No

If Yes, Please tell us as much as you can about your side effects

Please give us the type of effect, duration, severity and whether they have resolved.

Do you currently take any other medication or have any allergies?

This includes prescribed medication, over-the-counter medication, and supplements. Select all that apply to you. It's important we know about any medication so that we can make there are no complications.

- I'm on levothyroxine I don't take any medication
 I'm on warfarin
 Other / I take more than one prescription medication

If Yes, Please list any allergies you have.

Would you like your GP to be informed of this consultation?

To ensure we provide the best and safest service for you, we strongly encourage you to share your GP details so we can inform them about your treatment.

Yes No

Gp's First Name

Gp's Last Name

Gp's Postcode

Gp's Email

Please ensure that your GPs email is an NHS email address.

WEIGHT LOSS TREATMENT






Mounjaro

These fees include doctor's consultation, prescription & delivery. Tick the dosage you would like to purchase.

					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2.5mg)	(5mg)	(7.5mg)	(10mg)	(12.5mg)	(15mg)
£200	£200	£225	£225	£250	£250

Wegovy

These fees include doctor's consultation, prescription & delivery.

				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(0.25mg)	(0.5mg)	(1mg)	(1.7mg)	(2.4mg)
£200	£200	£200	£250	£350