## 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

	accurate, acknowledging the potential risks o			
O I agree				
PERSONAL INFORMATION  Full Name	Email			
Date of Birth	Age			
Address	Phone			
What is your ethnicity?  Healthy BMI ranges vary based on ethnic background. Our clinto recommend the most suitable treatment. This may incomplete the suitable treatment the suita	nicians will carefully assess your BMI and full medical history clude off-label prescriptions when clinically appropriate.			
Other ethnic group				

What sex we	re you assigned at birth?	
○ <sub>Male</sub>	C Female	

Are you curr	ently pre	gnant, trying	to get pregnant, or brea	stfeeding?
○ <sub>Yes</sub>	O <sub>No</sub>			
What is your	weight?	kgs/ llbs	What is your height	? cm/ fts/in
•		osed with diabe	etes? ation included with our weight loss p	olan works.
O I have diabete	es and take	medication for it.		
O I have diabete	es and it's d	iet-controlled.		
O No, but there	is history of	f diabetes in my fan	nily	
O I have pre-di	abetes			
O I don't have o	liabetes			
or treatments y			e and the medications	
•		_	ts apply to you? s when losing weight or taking weig	tht loss medications.
O I have chro	nic malabso	rption syndrome (p	roblems absorbing food)	
I have chole	estasis			
I'm current	ly being trea	ted for cancer		
I have diab	etic retinopa	ithy		
I have seve	re heart fail	ure		
O I have a far	nily history	of thyroid cancer a	nd/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 bulin	mia, anorexia nervosa, or a binge eating disorder			
I have had surgery or an operation to my thyroic	i			
I have had a bariatric operation such as gastric ba	and or sleeve surgery			
None of these statements apply to me				
Do any of the following statements appl These conditions are often weight related and may be impresstatements apply to you?				
I have been diagnosed with a mental health condi	tion such as depression or anxiety			
Please tell us more about your mental health condi	tion and how you manage it			
My weight makes me anxious in social situations	I have fatty liver disease			
I have joint pains and/or aches	I have sleep apnoea			
I have osteoarthritis	I have asthma or COPD			
I have GORD and/or indigestion	I have erectile dysfunction			
I have a heart/cardiovascular problem	I have low testosterone			
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	of, high blood pressure			
I've been diagnosed with, or have a family history	of, high cholesterol			

Yes	No
•	stany other medical conditions you have.  I lead to serious complications when losing weight or taking weight loss medications
ave vou ever	taken any of the following medications to help you lose wei
•	
nese conditions can	lead to serious complications when losing weight or taking weight loss medications.
Wegovy	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy Mysimba	Ozempic Saxenda C Rybelsus C Mounjaro Alli
Wegovy Mysimba	Ozempic Saxenda Rybelsus Mounjaro Alli Other I have never any taken medication to lose weight.
Wegovy Mysimba	Ozempic Saxenda Rybelsus Mounjaro Alli Other I have never any taken medication to lose weight.  Ur weight in kg before starting your previous medication?
Wegovy Mysimba	Ozempic Saxenda Rybelsus Mounjaro Alli Other I have never any taken medication to lose weight.  Ur weight in kg before starting your previous medication?

What dose were you prese	cribed most	recently?		
O.2mg 0.5mg 1mg	g 1.7mg	C <sub>2.4mg</sub>	Other	mg
If you want to continue, what is a clinician will review your answers and		•		
O Increase my dose				
Keep my dose				
Decrease my dose				
Decrease my dose				
Have you experienced any  O Yes  No  No  If Yes, Please tell us as much as you				
Please give us the type of effect, durati	on, severity and wh	ether they have	resolved.	J _
Do you currently take any of This includes prescribed medication, over to you. It's important we know about of	er-the-counter me	dication, and su	pplements. Select all that apply	,
I'm on levothyroxine  I'm on warfarin	O I don't take	any medicatio	n	
Other / I take more than one pre	scription medica	tion		

To ensure we provide		vice for yo	d of this consultation? u, we strongly encourage you to share your GP
Gp's First Nam	ee		Gp's Last Name
Gp's Postcode			Gp's Email
		J	Please ensure that your GP's email is an NHS email address.

If Yes, Please list any allergies you have

## WEIGHT LOSS TREATMENT

## Mounjaro

These fees include doctor's consultation, prescription & delivery, No needles. Tick the dosage you would like to purchase.





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