PATIENT INTAKE

GLP-1 Follow-Up Visit Form

Please complete this form before your visit. Your answers help us personalize your care and address what matters most to you today.

PATIENT NAME | DATE | PROVIDER

CURRENT MEDICATION
❑ Semaglutide ❑ Tirzepatide ❑ Other

CURRENT DOSE

DATE OF LAST INJECTION

HOW YOU'RE FEELING

Since your last visit, please rate the following:

	Much Better	Slightly Better	No Change	Slightly Worse	Much Worse
Overall, how I feel	❑	❑	❑	❑	❑
Sleep quality	❑	❑	❑	❑	❑
Energy levels	❑	❑	❑	❑	❑
Mood & emotional wellbeing	❑	❑	❑	❑	❑

Notes (anything to add about how you've been feeling?)

SIDE EFFECTS

1. Are you experiencing any of the following? (check all that apply)

❑ Nausea
❑ Constipation
❑ Vomiting
❑ Headaches
❑ Diarrhea
❑ Fatigue
❑ Heartburn / reflux
❑ Injection site reaction
❑ No side effects
❑ Other (please describe below)

2. If you marked any side effects, how severe are they overall?

❑ Mild (manageable) ❑ Moderate (bothersome but tolerable) ❑ Severe (significantly affecting daily life)

Please describe (when, how often, what helps):

APPETITE, WEIGHT & CRAVINGS

3. Have you noticed changes in your weight, appetite, or food cravings?

❑ Significant changes ❑ Slight changes ❑ No changes

If yes, please describe:

HEALTHY HABITS CHECK-IN

These habits make a big difference in your GLP-1 results. Honest answers help us support you better — no judgment.

4. Are you hitting your daily water goal? (about half your body weight in ounces)

❑ Yes, most days ❑ Sometimes ❑ Rarely ❑ Not sure what my goal is

5. Are you getting enough protein? (aim for ~0.7–1g per pound of goal weight)

❑ Yes, most days ❑ Sometimes ❑ Rarely ❑ Not sure what my goal is

6. Are you doing any strength training or movement most weeks?

❑ 2–3+ times/week ❑ 1 time/week ❑ Less than weekly ❑ Not currently

SAFETY & MEDICATIONS

7. Have you started any new medications, supplements, or had any new diagnoses since your last visit?

❑ No ❑ Yes (please describe below)

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8. For patients of childbearing potential: Is there any chance you could be pregnant, or are you planning to conceive in the next 2 months?

❑ No — not applicable ❑ No — using contraception ❑ Possibly ❑ Yes / planning to

Important: GLP-1 medications are not recommended during pregnancy. Please tell your provider if anything has changed.

YOUR GOALS & QUESTIONS

9. How would you rate your progress toward your wellness goals?

❑ Excellent ❑ Good ❑ Some progress ❑ Stalled / no progress

10. What would you most like to discuss or address at today's visit?

TODAY'S OPTIONAL ADD-ONS

Many of our GLP-1 patients add these wellness boosters to their visit. Check anything you'd like to learn about or add today — no obligation.

Vitamin injections to boost energy & wellness:

❑ B-Complex ❑ Vitamin D3 ❑ Both ❑ Not today

Lipo-Stat injection to support metabolism & fat burning:

❑ Yes, add today ❑ Tell me more ❑ Not today

Any hair thinning or shedding? (Common with rapid weight loss — we carry Nutrafol.)

❏ Yes — tell me more ❏ Yes — not interested ❏ No

Want info on Thorne supplements (GLP-1 Support Stack, electrolytes, probiotic, amino complex, protein)?

❏ Yes, please ❏ Maybe later ❏ No thanks

SIGNATURE

PATIENT SIGNATURE DATE