FUSION WELLNESS NP

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Consent To Treatment: GIP and/or GLP-1 RA Weight Loss Injections

Name: _____ **Date of Birth:** _____ **Sex:** ☐ **Female** ☐ **Male**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

General Medical History:

Do you have any other medical issues besides obesity/overweight? ☐ Yes ☐ No
If yes, please describe here: _____

Do you have any allergies to medication? ☐ Yes ☐ No
If yes, please describe here: _____

The possible side effects and risks of Semaglutide and Tirzepatide Weight Management Treatment include, but are not limited to:

1.General Side Effects: Injection site discomfort, pinpoint bleeding, bruising may occur.

2.Gastrointestinal Upset: Nausea, vomiting, diarrhea, constipation, indigestion, belching, feeling bloated, and abdominal pain.

3.Fatigue, Dizziness, and Headache: Fatigue, dizziness, and/or headache.

4.Low Blood Sugar: hypoglycemia can cause symptoms including: dizziness, headache, lightheadedness, rapid heartbeat, mood changes, irritability, weakness, shakiness, slurred speech, confusion, or hunger.

5.Increased Heart Rate: Heart rate above 100 BPM.

6.Allergic Reaction or Hypersensitivity: Although rare, allergic reactions or serious hypersensitivity may occur. Allergic reaction may include: hives, difficulty breathing, swelling of your face, lips, tongue, or throat; additional treatment may be necessary should an allergic reaction occur.

7.Pancreatitis: Inflammation of the pancreas (pancreatitis) may occur. If you experience persistent severe pain in your stomach, with or without vomiting, please contact your treatment provider right away or go to the ER.

8.Gallbladder Inflammation and/or Gallstones: Signs/symptoms of gallbladder inflammation and/or gallstones include: pain in your upper stomach, yellowing of skin and/or eyes, clay-colored stools, and fever. Please contact your treatment provider right away if you experience these symptoms. Some gallbladder issues may required additional treatment incurred at your expense, and which may include surgical intervention and/or hospitalization.

9.Dehydration and Acute Kidney Injury and/or Renal Impairment: There is a potential risk for dehydration leading to acute kidney injury and/or worsening renal impairment due to adverse gastrointestinal reactions (nausea, vomiting, diarrhea). It is important to drink adequate fluids to help reduce your risk of dehydration, which may cause kidney impairment.

10.Thyroid C-cell Tumors: There is a potential risk for thyroid C-cell tumors when taking Semaglutide. Please report any signs/symptoms of thyroid tumors to your treatment provider, including: persistent hoarseness, shortness of breath, mass in neck, and/or difficulty swallowing.

11.Changes in Vision: Patients with diabetic retinopathy may experience changes in vision while taking Semaglutide.

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Possible Risks and Side Effects:

This list is not exhaustive of all possible risks associated with Semaglutide and Tirzepatide weight management treatment, as there are both known- and unknown- side effects and risks associated with any medication or treatment.

Initial to consent: _____

Acknowledgement and consent to of Off-Label Use

I understand **Tirzepatide/Semaglutide** is currently approved by the Food and Drug Administration for the intended purpose of type 2 diabetes management. **Regardless, I choose to receive this subcutaneous injection for the purpose of weight management** and I am willing to accept the potential risks, side effects- both known and unknown- that my treatment provider has discussed with me. I further acknowledge that there may be unknown risks, side effects, and outcomes not listed above in the "Known Risks and Side Effects" section.

Initial to consent: _____

Treatment Liability Waiver

I acknowledge that elective supplementation therapies, including, but not limited to Semaglutide or Tirzepatide Weight Management Treatment, may be considered medically unnecessary. It may or may not mitigate, alleviate, or cure the condition for which it has been prescribed. This treatment has been recommended to me in the belief that it is of potential benefit and its use will quite probably improve the condition for which I am under treatment for. Based on the risks and potential benefits of this proposed treatment, I have elected to receive this proposed treatment by providers and staff at **Shameless Beauty and Wellness.**

I understand that I may suspend or terminate my treatment at anytime by informing my medical provider. I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment.

Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insured's, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

By signing below, I acknowledge and agree:

- I have fully disclosed on my client intake form and during consultation all medications, previous complications, planned or previous surgeries, sensitivities, allergies, or current conditions that may, or may not, affect my treatment.
- I have read the foregoing informed consent for Semaglutide or Tirzepatide Weight Management Treatment; I agree to the treatment and all known and unknown associated risks.
- I have received and will follow all aftercare instructions.
- I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
- For women of childbearing age: by signing below I confirm that I am **not pregnant** and do not intend to become pregnant anytime during the course of this treatment and that I am not breastfeeding. Furthermore, I agree to keep my treatment provider informed should I become pregnant during the course of this treatment.
- By signing below, I am releasing the overseeing clinic provider, the person performing the Semaglutide or Tirzepatide Weight Management Treatment, and the clinic facility from liability associated with treatment.

_____	_____	_____
Patient Name (Print)	**Patient Signature**	**Date**