Revive Valley Health Clinic
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Consent for GLP-1 Medical Weight Management

Semaglutide, tirzepatide and related GLP-1 / GIP receptor agonist therapy with lifestyle and metabolic support.

Patient information

Patient name _____ Date of birth _____

Phone _____ Email _____

Nature of the treatment

GLP-1 receptor agonists are administered by weekly subcutaneous injection to reduce appetite, slow gastric emptying and improve glycemic control, supporting gradual weight loss alongside nutrition, activity and behavioral change. Doses are titrated over time. Program participation includes baseline evaluation, periodic laboratory work, follow-up visits and weight, blood pressure and body composition or resting metabolic rate monitoring. Use of a compounded formulation, where applicable, has been explained to me and is not FDA-approved as a compounded product.

Risks and possible complications

- Nausea, vomiting, diarrhea, constipation, abdominal pain, reflux, burping and fatigue.
- Injection-site redness, itching or nodules; headache, dizziness or hair thinning.
- Dehydration and acute kidney injury from persistent vomiting or diarrhea.
- Pancreatitis and gallbladder disease, including gallstones requiring surgery.
- Gastroparesis or bowel obstruction (rare); severe or persistent vomiting requires urgent care.
- Hypoglycemia, particularly when combined with insulin or sulfonylureas.
- Increased heart rate; worsening of diabetic retinopathy with rapid glucose improvement.
- Loss of lean muscle mass and bone density if protein intake and resistance training are inadequate.
- Thyroid C-cell tumors have occurred in rodents; the human relevance is unknown. This medication is contraindicated with a personal or family history of medullary thyroid carcinoma or MEN2.
- Risk of harm in pregnancy; effective contraception is required, and therapy must be stopped at least two months before a planned pregnancy.
- Weight regain is common after discontinuation.

My responsibilities

- Attend scheduled follow-up visits and complete requested laboratory testing.
- Take the medication only as prescribed, never sharing pens, vials or needles, and disposing of sharps in an approved container.
- Report new severe abdominal pain, persistent vomiting, signs of dehydration, pregnancy, or planned surgery or anesthesia (GLP-1 therapy may need to be paused before sedation).
- Prioritize adequate protein, hydration, fiber and resistance exercise throughout therapy.
- Disclose all other weight-loss medications, supplements and prior bariatric surgery.

Alternatives and financial agreement

Alternatives include lifestyle modification alone, other prescription anti-obesity medications, referral to bariatric surgery, or no treatment. I understand program and medication fees may not be covered by insurance, are billed monthly or per dispensed supply, and are non-refundable once medication is dispensed. Results vary and no specific amount of weight loss is guaranteed.

Acknowledgement & signature

I have read and understand this form. I have had the opportunity to ask questions, and my questions were answered to my satisfaction. I understand that no guarantee has been made regarding results, and that I may withdraw my consent at any time before treatment begins. I confirm the health history I provided is accurate and complete.

I authorize the practice to prescribe and, where applicable, dispense GLP-1 therapy, and to coordinate with a compounding or specialty pharmacy on my behalf.

Patient signature Date

Provider / witness signature Date

DRAFT TEMPLATE — this document is provided as a starting point and must be reviewed and approved by the practice's licensed provider and legal counsel before clinical use.