Rehoboth Urgent Care

1300 South Bowen Rd, Arlington, TX 76013 | 817-704-1444 |
www.rehobothurgentcare.com

GLP-1 / GLP-1-GIP Medication Consent and Acknowledgment

Purpose of Treatment

I understand that GLP-1 receptor agonists and GLP-1/GIP medicines may be prescribed as part of a medically supervised weight-management program. Treatment works best when combined with a reduced-calorie nutrition plan, increased physical activity, hydration, sleep improvement, and follow-up visits. I understand that results vary and weight loss is not guaranteed.

Alternatives

Alternatives may include lifestyle changes alone, nutrition counseling, exercise programs, treatment of underlying medical conditions, behavioral health support, other FDA-approved weight-loss medications, bariatric surgery evaluation, or no medication. I have had the opportunity to discuss alternatives with the provider.

Expected Benefits

- Possible appetite reduction, improved satiety, weight loss, and improved metabolic markers in some patients.
- Possible improvement in blood sugar control for eligible patients with type 2 diabetes when used appropriately.
- Treatment does not replace routine care with a primary care provider or specialists.

Common and Serious Risks

Risk Category	Patient Acknowledgment
Common side effects	I understand: Nausea, vomiting, diarrhea, constipation, abdominal pain, bloating, reflux/heartburn, belching, decreased appetite, headache, fatigue, dizziness, injection-site reaction, and possible hair shedding with rapid weight loss.
Severe stomach/intestinal symptoms	I understand: Severe nausea/vomiting, constipation, dehydration, abdominal pain, worsening reflux, severe gastroparesis, ileus/bowel blockage, or inability to tolerate fluids may require stopping treatment or urgent evaluation.
Pancreatitis	I understand: Inflammation of the pancreas can occur. Seek medical care for severe or persistent abdominal pain, especially if it radiates to the back, with or without vomiting.
Gallbladder disease	I understand: Rapid weight loss and GLP-1 treatment can be associated with gallstones or gallbladder inflammation. Report right upper abdominal pain, fever, jaundice, or clay-colored stools.

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Risk Category	Patient Acknowledgment
Kidney injury/dehydration	I understand: Vomiting, diarrhea, poor intake, or dehydration may lead to acute kidney injury. Patients with kidney disease or dehydration risk may require closer monitoring.
Low blood sugar	I understand: Risk is higher when used with insulin, sulfonylureas, or other diabetes medications. Report shakiness, sweating, confusion, weakness, palpitations, or fainting.
Diabetic eye disease	I understand: Patients with diabetes and diabetic retinopathy should report vision changes and may need eye-care follow-up.
Thyroid tumor warning	I understand: These medications carry warnings regarding thyroid C-cell tumors in animals. Do not use if I have a personal/family history of MTC or MEN 2.
Allergic reaction	I understand: Hives, swelling of the face/lips/tongue/throat, wheezing, or trouble breathing requires emergency care.
Surgery/anesthesia	I understand: These medicines may slow stomach emptying and may increase retained stomach contents during anesthesia or deep sedation. I will tell every surgeon, anesthesiologist, dentist, and proceduralist that I take this medication.
Mood changes	I understand I will report new or worsening depression, anxiety, unusual behavior changes, or suicidal thoughts immediately.
Drug interactions	I understand: These medicines may affect the absorption of oral medications. I will disclose all prescriptions, OTC medications, vitamins, and supplements.

Contraindication Acknowledgment

By signing below, I confirm that I have told the provider if I or a blood relative has had medullary thyroid carcinoma (MTC), MEN 2, severe allergy to any GLP-1/GIP medication, pancreatitis, gallbladder disease, kidney disease, diabetic retinopathy, pregnancy, breastfeeding, planned pregnancy, or any other major medical condition.

Compounded or Non-FDA-Approved Product Acknowledgment

Complete this section if a compounded product is prescribed or dispensed. I understand that compounded semaglutide, tirzepatide, or similar products are not FDA-approved and do not undergo FDA premarket review for safety, effectiveness, or quality. I understand there may be dosing, concentration, labeling, quality, legal availability, or counterfeit-product concerns. I agree to use only medication from the pharmacy designated by my prescriber and to follow the exact dose instructions provided.

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☐ Not applicable: FDA-approved product is being used	☐ Applicable: compounded/non-FDA-approved product discussed with patient
☐ Pharmacy name, concentration, and dose units documented	☐ Patient taught how to measure the prescribed dose and avoid unit/mL/mg confusion

Consent

☐ I have had the opportunity to ask questions and my questions were answered to my satisfaction.
☐ I understand the medication may be stopped, held, or changed if I develop side effects or if the provider determines it is not medically appropriate.
☐ I agree not to share, sell, transfer, combine, or use more medication than prescribed.
☐ I agree to attend follow-up visits and complete recommended monitoring before refills are provided.
☐ I understand that I may withdraw consent and stop treatment at any time after discussing safety instructions with my provider.

Signatures

_____
Patient/Authorized Representative Printed Name

_____
Relationship / Other

_____
Patient/Authorized Representative Signature

_____
Date/Time

_____
Provider Printed Name/Credentials

_____
Relationship / Other

_____
Provider Signature

_____
Date/Time

_____
Witness Printed Name

_____
Relationship / Other