UNITY Urgent Care & Pharmacy

INFORMED CONSENT:
For voluntary use of GLP-1 and GIP/GLP-1 Medications, for Non Medically Necessary & Voluntary Elective Weight Loss

Patient Name: _____ Date of Birth:_____

1. Purpose and Background

GLP-1 (glucagon-like peptide-1) and GIP (glucose-dependent insulinotropic polypeptide) are gut hormones that help regulate insulin release, blood sugar control, digestion, and satiety. Medications such as **semaglutide** (a GLP-1 receptor agonist) and **tirzepatide** (a dual GIP/GLP-1 receptor agonist) mimic these hormones to reduce appetite, slow gastric emptying, and support weight loss.

2. Medication Information

Semaglutide

- Marketed as **Ozempic®** for type 2 diabetes and **Wegovy®** for weight loss.
- Compounded semaglutide is **not identical to these products, and patient acknowledges they are being used for non medically necessary purposes and are being used for elective weight loss.**

Tirzepatide

- Marketed as **Mounjaro®** (diabetes) and **Zepbound®** (obesity).
- Compounded tirzepatide is **not identical to these products, and patient acknowledges they are being used for non medically necessary purposes and are being used for elective weight loss.**

3. Common Side Effects

May include nausea, vomiting, diarrhea, constipation, abdominal discomfort, bloating, gas, reflux, headache, dizziness, fatigue, low blood sugar (especially if also on diabetes medications), injection-site reactions, allergic reactions, and temporary hair loss. Facial thinning can occur with rapid weight loss.

4. Potential Drug Interactions

- Do **not** use with other GLP-1 agonists.
- May interact with insulin and sulfonylureas, increasing the risk of hypoglycemia. •

May delay absorption of oral medications.

- **Tirzepatide may reduce the effectiveness of oral contraceptives**—use a barrier or non-oral method for 4 weeks after starting and after each dose increase. Inform your provider of **all** medications and supplements.

5. Serious Risks (Rare but Important)

These medications may cause or worsen:

- Severe gastrointestinal slowing or gastroparesis
- Gallbladder disease
- Pancreatitis
- Kidney injury, especially with dehydration

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INFORMED CONSENT CONTINUED

- Diabetic retinopathy changes (in diabetic patients)
- Increased heart rate
- Severe allergic reactions
- Suicidal thoughts or mood changes
- Risk of aspiration during anesthesia due to delayed gastric emptying

Seek emergency care for severe abdominal pain, persistent vomiting, signs of allergic reaction, dehydration, vision changes, or mental health concerns.

6. Contraindications

Do **not** take these medications if you:

- Have a personal or family history of **medullary thyroid carcinoma** or **MEN-2**
- Have type 1 diabetes
- Use insulin or sulfonylureas (unless specifically directed)
- Have had a prior allergic reaction to any GLP-1 medication
- Are using other prescription or non-prescription weight-loss products
- Are pregnant, planning pregnancy within 2 months, or breastfeeding

7. Pregnancy

- Stop the medication **at least 2 months before pregnancy**.
- Not safe for use during pregnancy or breastfeeding.
- If pregnancy occurs, notify your provider immediately.

Pregnancy Exposure Registries:

- Semaglutide: 1-877-390-2760
- Tirzepatide: 1-800-545-5979

8. Patient Responsibilities

- Take the medication exactly as prescribed.
- Report all side effects or concerns.
- Stay hydrated and follow recommended nutrition.
- Avoid alcohol excess while on this medication.
- Notify your provider before any procedure requiring sedation.

9. Acknowledgment and Consent

- I understand the purpose, benefits, risks, and alternatives of GLP-1 and/or GIP/GLP-1 agonist therapy. There risks/benefits were discussed to me with my healthcare provider.
- I understand that the purpose of this therapy is non medically necessary, elective and voluntary.
- I have had the opportunity to ask questions, and all questions were answered to my satisfaction.
- I agree to proceed with treatment.

10. Acknowledgement of credit card use and storage permission

- By signing below, I authorize Unity Urgent Care and Pharmacy to securely store my credit card information and charge my card for medical services and payments.

Patient Signature:_____Date:_____

Provider Signature:_____Date:_____