



Weight Loss Program

Name _____ Birthday _____

Email _____

Number _____

What is your current weight? _____

What is your goal weight? _____

What is your reason you are hoping to lose weight?

What is the reason you are hoping to lose weight?

Have you attempted to lose weight before? If, so how?

Do you have currently have any medical conditions or concerns?

Do you have history of any of the following: pancreatitis, extremely low blood sugar, thyroid tumors?

Do you have any allergies?

What medications are you currently taking?

Are you currently on blood thinners? _____

What is your weekly alcohol intake? Do you smoke?

How would you describe your current energy levels?

INFORMED CONSENT

SEMAGLUTIDE WEIGHT LOSS PROGRAM

88 Aesthetic & Wellness has explained the program to me in full detail and I understand the program involves a weekly self-administered injection.

I understand that monthly visits to the clinic are required to track progress and give support from provider.

I have fully disclosed any medical conditions in my Intake Forms.

I have also fully disclosed all medication that I am currently taking.

I am aware that 88 Aesthetic & Wellness does not use this weight loss program with people who have any of the following conditions and I confirm that none of these apply to me:

Uncontrolled Diabetes

Seizure Disorders

Uncontrolled High Blood Pressure

Blood Clots

Pituitary or Ovarian Tumours

Stroke History

Hyperthyroidism

Unstable Angina

I confirm that I am not pregnant nor currently breastfeeding.

The main benefits of these injections may include:

Semaglutide is 94% similar to natural human GLP-1 and therefore acts as a physiological regulator of appetite and thereby reducing food intake by reducing feelings of hunger and increasing feelings of fullness/satiety.

It is a newly licensed medication indicated for the treatment of type-2 diabetes. It is currently undergoing clinical trial to gain a license for the treatment of obesity. In the meantime, your medical practitioner may prescribe this medication for you 'off-label'

For long term success, the treatment needs to be combined with lifestyle changes including nutritional, exercise and behavioral habits.

Weight loss can lead to secondary benefits by improving weight loss related health problems such as cardiovascular risk factors (including hypertension, blood glucose levels and waist circumference) and physical health-related quality of life.

I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

I am aware that although the use of Semaglutide is generally free of negative side effects, there is the possibility of the following: headache, fatigue, nausea/vomiting, constipation, bruising at injection site, heartburn, abdominal pain, and temporary variation in menstrual cycle. Other possibilities include: prostate enlargement, breast tenderness and ovarian hyperstimulation syndrome.

The program has been explained to me and I have been given the program handout. As well, I have been instructed on how to self-administer the weekly injection. I give my informed consent for this Weight Loss Program. I release any and all liability from 88 Aesthetic & Wellness regarding this Semaglutide weight loss program.

Since every human being is unique, we cannot guarantee any specific result from this treatment. Medication and/or medical conditions may have a negative impact on the outcomes as well as lifestyle factors.

It is essential to engage in a monthly face-to-face reviews with your provider throughout the treatment program.

Patients need to follow the instructions carefully as provided separately in the patient instruction handout. Patients must agree to notify their practitioner of any contraindications or side effects of the treatment.

I understand if I, as the patient, refuse payment after services are rendered, 88 Aesthetic & Wellness reserves the right to charge the card on file for the full amount of services applied.

I agree the information in the form is true and complete, and hereby release all liability.

Signature _____

Date _____