MEDICATION THERAPY INFORMED CONSENT AND RISK DISCLOSURE

Peptide Therapy and Dual Regulator (GLP-1/GIP) Therapy

Patient Name:
Date of Birth:
Date:

Provider:

PURPOSE OF THIS CONSENT

This document provides education regarding the potential benefits, risks, limitations, and regulatory considerations related to therapies that may be recommended as part of my individualized healthcare plan.

I understand my provider will determine whether a therapy is appropriate based on my medical history, goals, risk factors, and clinical assessment.

THERAPY TYPE

☐ Peptide Therapy

☐ Dual Regulator Therapy (GLP-1/GIP)

☐ Combination Therapy

GENERAL ACKNOWLEDGMENT

I understand:

• Medical therapies are individualized and may not be appropriate for every person.

• No therapy guarantees a specific outcome.

• My response to treatment may differ from another individual.

• I am responsible for providing accurate health information and reporting changes in my health.

SECTION 1: PEPTIDE THERAPY DISCLOSURE

Peptides are chains of amino acids involved in biological signaling and physiological processes.

I understand:

• Peptide therapies may vary in regulatory status, available evidence, research, and clinical indications.

• FDA approval applies to specific products, formulations, manufacturers, and approved uses.

• Some peptide-based therapies may not be FDA-approved for every use discussed.

• Product quality testing, purity testing, or analytical testing does not mean a therapy is FDA-approved or guarantees effectiveness.

Potential risks may include:

• Injection site reactions
• Allergic reactions
• Medication interactions
• Unexpected physiological effects
• Lack of expected benefit
• Unknown long-term effects for certain therapies

I understand my provider has reviewed the potential risks and benefits based on my individual situation.

Patient Initials: _____

SECTION 2: DUAL REGULATOR (GLP-1/GIP) THERAPY DISCLOSURE

Dual Regulator therapy refers to medications that act on GLP-1 and GIP pathways involved in glucose regulation, appetite regulation, and metabolism.

I understand:

• Certain GLP-1/GIP medications have FDA-approved indications.

• Different formulations or uses may have different regulatory considerations.

• My provider will determine appropriate therapy, dosing, monitoring, and follow-up.

Potential benefits may include:

• Support of metabolic health
• Glucose regulation when clinically appropriate
• Appetite regulation
• Weight management support when clinically appropriate

Potential risks may include:

Common:
• Nausea
• Vomiting
• Constipation
• Diarrhea
• Abdominal discomfort
• Reduced appetite

Other potential risks:
• Dehydration
• Gallbladder concerns
• Pancreatitis symptoms
• Medication interactions
• Hypoglycemia risk when combined with certain medications

I agree to notify my provider if I experience concerning symptoms.

Patient Initials: _____

MEDICATION SAFETY ACKNOWLEDGMENT

I agree to:

☐ Provide accurate medical history

☐ Report medication changes

☐ Report side effects or concerning symptoms

☐ Follow provider instructions

☐ Maintain recommended follow-up

I understand changing doses, combining therapies, or stopping therapy should be discussed with my provider.

PATIENT UNDERSTANDING

I acknowledge that:

☐ My questions have been answered

☐ I understand the risks and benefits discussed

☐ I understand therapy decisions are based on my individual health assessment

☐ I understand outcomes vary between individuals

Patient Signature:

Date:

Provider Signature:

Date: