

Pelosi Medical Center

SEMAGLUTIDE CONSENT

I hereby consent to undergo treatment with semaglutide injections for the purpose of weight loss. I have been fully informed about the nature of this treatment, its potential benefits, risks, and alternatives by Dr. Marco Pelosi III, MD, and I understand the following:

Purpose of Treatment: Semaglutide is a medication approved by the FDA for the treatment of obesity in adults with a BMI of 30 or greater, or in adults with a BMI of 27 or greater who have at least one weight-related comorbidity. If I don't meet these criteria, I understand that I am using this medication off-label. It works by decreasing appetite and increasing feelings of fullness.

Potential Benefits: The potential benefits of semaglutide injections may include weight loss, improvement in metabolic parameters such as blood sugar levels, blood pressure, and cholesterol levels, and reduction in the risk of weight-related health complications.

Risks and Side Effects: Like any medication, semaglutide injections may be associated with certain risks and side effects. These may include but are not limited to nausea and vomiting, diarrhea, constipation, abdominal pain, gallbladder problems, pancreatitis, and low blood sugar.

Contraindications: I declare that to the best of my knowledge; I do not have any contraindications to semaglutide therapy. I have disclosed all relevant medical history to my healthcare provider.

Monitoring and Follow-up: Regular monitoring by healthcare professionals is necessary while undergoing treatment with semaglutide. This may include monitoring of weight, blood pressure, blood sugar levels, and other relevant parameters. Follow-up appointments will be scheduled to assess the response to treatment and manage any side effects or concerns.

Alternative Treatments: I understand that alternative treatments for weight loss may exist, including lifestyle modifications such as diet and exercise, other medications, or surgical interventions. I have discussed these alternatives with my healthcare provider and have chosen semaglutide injections after considering the available options.

Voluntary Consent: I understand that my participation in this treatment is voluntary, and I have the right to refuse or discontinue treatment at any time.

Questions and Clarifications: I have had the opportunity to ask questions and seek clarification about semaglutide treatment, and my healthcare provider has addressed my concerns to my satisfaction. I acknowledge that I have read this consent form, or it has been read to me, and I fully understand its contents. By signing below, I consent to undergo treatment with semaglutide injections for weight loss.

_____/_____/_____
Patient Signature Date _____/_____/_____
Witness Signature Date _____/_____/_____
Surgeon Signature Date