Sparkle Health Aesthetics & Wellness

Weight Loss (GLP-1 & GLP-1/GIP) Intake Form

Initial screening | Complete all applicable questions

Patient legal name *

Patient preferred name or nickname

Current height (ft / in) *

Current weight (lbs) *

What is your goal weight (lbs)?

Are you currently taking oral weight loss medications or injections?

- [ ] Yes
- [ ] No

If yes, which medication(s) are you taking?

When did you take or administer your last dose? (date / time)

Prescribing provider and/or clinic name

Do you have a fear of needles?

- [ ] Yes
- [ ] No

How do you prefer to take weight loss medication?

- [ ] By mouth
- [ ] Self-administered injections

Please continue to the medical history questions on the next page.

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PERSONAL MEDICAL HISTORY

Please complete the initial screening questions on the preceding page.

Please check the appropriate box if you have been diagnosed with any of the following:

- ☐ Pancreatitis
- ☐ Diabetic retinopathy
- ☐ Digestive issues such as nausea, vomiting or constipation
- ☐ Gallbladder disease
- ☐ Heart disease
- ☐ Hypertension
- ☐ Low blood sugar
- ☐ Leber's disease
- ☐ Type I diabetes
- ☐ Mood disorder such as bipolar disorder
- ☐ Depression
- ☐ Suicidal ideation
- ☐ High cholesterol
- ☐ Kidney problems

- [ ] Liver problems
- [ ] Known hypersensitivity to semaglutide / Ozempic

Family Medical History

Please check the appropriate box if you have a FAMILY HISTORY of any of the following:

- [ ] Thyroid disorder
- [ ] Medullary thyroid carcinoma
- [ ] Multiple endocrine neoplasia type 2

Medications and Surgical History

Previous or current GLP-1 medications:

Other weight loss prescription medications:

Have you had surgical procedures that might affect digestion (gastric bypass, gastric sleeve, lap band, gallbladder or appendix removal)? *

- [ ] Yes
- [ ] No

Please share more details (if yes):

Do you have a history of having an eating disorder? *

- [ ] Yes
- [ ] No

Are you currently pregnant or plan on becoming pregnant in the next 6 months? *

- [ ] Yes
- [ ] No
- [ ] N/A

Warnings and Precautions

Warnings and precautions referenced in the source questionnaire: Thyroid C-cell tumors, acute pancreatitis, acute gallbladder disease, hypoglycemia, acute kidney injury, hypersensitivity, diabetic retinopathy, heart rate increase, suicidal behavior and ideation. For semaglutide, discontinue at least two months before planned pregnancy. This summary is not a substitute for medication-specific prescribing information or clinical counseling.

Lifestyle and Weight Management

Do you follow a special diet program? *

- [ ] Yes
- [ ] No

What type of exercise programs do you currently participate in? Frequency? *

What is the reason you want to lose weight? *

How long has your weight been a problem? *

What methods have you previously tried to lose weight? *

How are you sleeping? *

Method of birth control

Medical Notes

This section is filled by the healthcare provider.

For provider notes only

Acknowledgments and Communication Preferences

- [ ] I acknowledge that Sparkle Health Aesthetics & Wellness has made its privacy notice and telehealth terms available to me. (Separate documents should be provided for review.)
- [ ] OPTIONAL: I agree to receive marketing and promotional text messages from Sparkle Health Aesthetics & Wellness at the mobile number I provide. Consent is not required to receive care or make a purchase. Message and data rates may apply. I may opt out by replying STOP. (Leave unchecked if you do not consent.)

Patient full name

Date completed

Patient signature (type full name; signature verification may require a separate process)