



16228 Main Ave #200-201, Prior Lake, MN 55372

SEMAGLUTIDE INTAKE FORM

Name _____ Date _____

Date of Birth _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone No _____

Emergency Contact _____ Phone No _____

How did you hear about us? _____

MEDICAL HISTORY

Please select any relevant conditions below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adrenal disorder | <input type="checkbox"/> Diabetes/retinopathy | <input type="checkbox"/> Kidney disorder/disease |
| <input type="checkbox"/> Angioedema | <input type="checkbox"/> Eating disorder history | <input type="checkbox"/> Liver disorder |
| <input type="checkbox"/> Anemia/blood disorder | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gastric/duodenum ulcer | <input type="checkbox"/> Neurological disorder |
| <input type="checkbox"/> Autoimmune condition | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Blood clotting disorder | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Parathyroid disorder |
| <input type="checkbox"/> Cancer/history of cancer | <input type="checkbox"/> High blood cholesterol | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Cholelithiasis | <input type="checkbox"/> HIV/AIDS or Hepatitis | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Deep vein thrombosis | <input type="checkbox"/> IBD/IBS | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Depression/suicidal ideation | <input type="checkbox"/> Infective endocarditis | <input type="checkbox"/> Thyroid disease |

Details or any other condition: _____

CLIENT INTAKE FORM SEMAGLUTIDE

HEALTH HABITS

Do you smoke? No Yes How many per day? How long?

Do you drink alcohol on a regular basis? No Yes Weekly units:

How is your activity level? Sedentary Lightly active Moderately active
 Very active

What methods or interventions have you used to lose weight previously?

Diet Exercise Prescription medication Therapy Herbal supplements

Date of last physical: Date of last blood work:

Relevant results: _____

What are your main motivations and concerns for wanting to lose weight with Semaglutide?
Do you feel you think of food often or eat when NOT hungry?

What factors do you consider contribute to your experience of excess weight?

Alcohol Low energy Sedentary lifestyle
 Excess calories Medical condition Sleep disruptions
 Family history Pregnancy Stress/busy lifestyle
 Hormonal changes Perimenopause Other: _____

By signing below, I acknowledge that I have provided complete and accurate information and understand that it will be used to assess my suitability for any treatment. I understand that it is my responsibility to inform the therapist of any changes to my medical history or skincare routine. I agree to waive all liabilities of the therapist or employer for any injury or damages incurred due to misrepresentation of my health history.

Client Name (printed)

Client Name (signed)

Date

Therapist Name (printed)

Therapist Name (signed)

Date



RELEASE FORM

photo & video

I, _____ grant and authorise _____

the right to take, edit, alter, use and publish photographs and/or videos of me for the purpose of promotional materials, including but not limited to:

- Print advertisements (optional circle YES or NO)
- Online marketing (websites, social media, blogs circle YES or NO)
- Educational materials (brochures, flyers, presentations (YES or NO)

I acknowledge that all photographs and/or videos taken are the property of [Your Business Name] and will be used solely for the purposes stated above.

I understand that by signing this release form, I grant [Your Business Name] permission to take, edit, alter, use and publish my photographs and/or videos without any further compensation or consideration. I waive any rights to compensation, financial or otherwise, for the use of these photographs and/or videos.

i release [Your Business Name], its representatives, and employees from any claims, damages or liabilities that may arise from the use of the photographs and/or videos, including any claims for compensation, defamation, or invasion of privacy.

By signing below, I acknowledge that I have read this release form, understand its content, and voluntarily agree to its terms.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Name (printed)	Client Name (signed)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapist Name (printed)	Therapist Name (signed)	Date



P O L I C Y F O R M

cancellation

At [Your Business Name], we strive to provide an exceptional standard of care. In order to achieve this, we kindly request your cooperation in adhering to our cancellation policy.

We understand that life can be unpredictable and unexpected circumstances may arise. However, we kindly ask that you provide us with at least 24 hours' notice if you need to cancel or reschedule your appointment. Your deposit will be refunded or applied to a new appointment.

Cancellations made within 24 hours of the scheduled appointment time are subject to a [XXX] cancellation fee.

While we understand that unforeseen circumstances can occur, a missed appointment where no notice is given not only affects our ability to serve other clients but also results in lost time and resources. The full cost of the service is charged for these appointments.

We value your time as well as the time of our other clients. If you arrive more than 15 minutes late for your scheduled appointment, we may need to reschedule your session or shorten the treatment duration. The full price of the originally scheduled appointment will still apply.

We truly appreciate your understanding and cooperation in honoring our cancellation policy to ensure that each client receives the attention and quality service they deserve.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Name (printed)	Client Name (signed)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Therapist Name (printed)	Therapist Name (signed)	Date



CONSENT FORM

semaglutide

I give my consent to taking Semaglutide Injections as prescribed by my healthcare provider. Semaglutide is a human-based glucagon-like peptide-1 receptor agonist used to manage chronic weight and diabetes. I have been informed of the correct method of administering semaglutide injections and the dosage. I will not take this medication if I have a history of the following:

- You are pregnant or planning to conceive while using this medication.
- You have a personal or family history of Medullary Thyroid Carcinoma (Thyroid Cancer) or Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2).
- You have a history of pancreatitis, kidney failure/disease, liver failure/disease, or digestive issues.
- You are allergic to Semaglutide or other GLP-1 agonist medications (e.g., Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®), or you have other undisclosed allergies.
- You are diabetic, have retinopathy or take medication to lower blood sugar without consulting your endocrinologist.

Possible side effects: nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distension, belching, hypoglycemia, flatulence, gastroenteritis, and gastroesophageal reflux disease. Common injection site reactions include itching, burning, and skin thickening (weling). In case of any serious allergic reaction, such as rash, itching, swelling of the face, tongue, or throat and anaphylaxis, seek immediate medical assistance.

Possible drug interactions: anti-diabetic agents, particularly Insulin and Sulfonylureas, can lead to an increased risk of hypoglycemia (low blood sugar). Additionally, do not combine with other GLP-1 agonist medicines (i.e., Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®). Inform your provider of any medications that may lower blood sugar.

I acknowledge that semaglutide is one part of a comprehensive lifestyle approach that includes a healthy diet and exercise, and regular follow-up visits to adjust dosages are necessary.

By signing below, I confirm that I have been fully informed of the potential risks, benefits, and complications and I voluntarily agree to taking this medication. I have had the opportunity to ask questions, and all my concerns have been addressed to my satisfaction. I release [Your Business Name] from any liability or claims arising from the treatment.. I release Regenlife and all staff from any harm this may cause to my health now or in the future and hold them harmless.

Client Name (printed)

Client Name (signed)

Date

Practitioner Name (printed)

Practitioner Name (signed)

Date



C A R E A D V I C E

semaglutide

Your body will have optimal results when you maintain a regimen to support your health and well-being.

- **Storage:** Store the injections in the refrigerator and do not freeze. Throw away used needles in a hard, closed container, and keep this container away from children and pets.
- **Eating Habits for nausea:** Eat slowly and in smaller portions, drink clear liquids, and avoid lying down right after eating. Focus on foods that contain more water and maintain a regular meal schedule while limiting snacking between meals.
- **Fibrous Diet:** Emphasize a fibrous diet, including fruits and vegetables high in fiber.
- **Small, High-Protein Meals:** Opt for small, high-protein meals, as digestion is slowed down while on this medication.
- **Low-Fat Foods:** Avoid foods high in fat as they may contribute to nausea and vomiting. It's recommended to take injections before meals, rather than after, to minimize potential side effects from eating high-fat or high-sugar foods.
- **Limit Alcohol Intake:** Avoid alcohol consumption while taking semaglutide injections, as it can increase the risk of hypoglycemia, dehydration, nausea, and vomiting.
- **Caffeine:** Be cautious with caffeine consumption, as it may affect the action of semaglutide, leading to low blood sugar levels or dehydration.



FAQ'S

semaglutide

WHAT IS SEMAGLUTIDE AND HOW CAN IT HELP WEIGHT LOSS?

Semaglutide is a GLP-1 receptor agonist, and when administered as an injection, it helps regulate appetite and food intake. The medication is specifically designed to assist adults with obesity or those who are overweight in their weight management journey.

HOW DO I TAKE SEMAGLUTIDE INJECTIONS?

Semaglutide is usually injected once a week. It comes in a pre-filled pen, and you can administer the injection under the skin of your stomach, thigh, or upper arm. Your healthcare provider will guide you on the proper technique.

HOW LONG DOES IT TAKE FOR SEMAGLUTIDE TO WORK?

Semaglutide may start to show noticeable effects on weight loss within a few weeks of regular use. However, individual responses may vary. It's essential to stay committed to healthy eating habits and physical activity, to achieve the best and sustainable weight loss results.

DOES SEMAGLUTIDE REALLY WORK?

Semaglutide is not a universal solution for everyone, but during clinical studies, more than half of the participants experienced significant weight loss of approximately 15% of their body weight. For the best results, this treatment is most effective with healthy lifestyle changes.

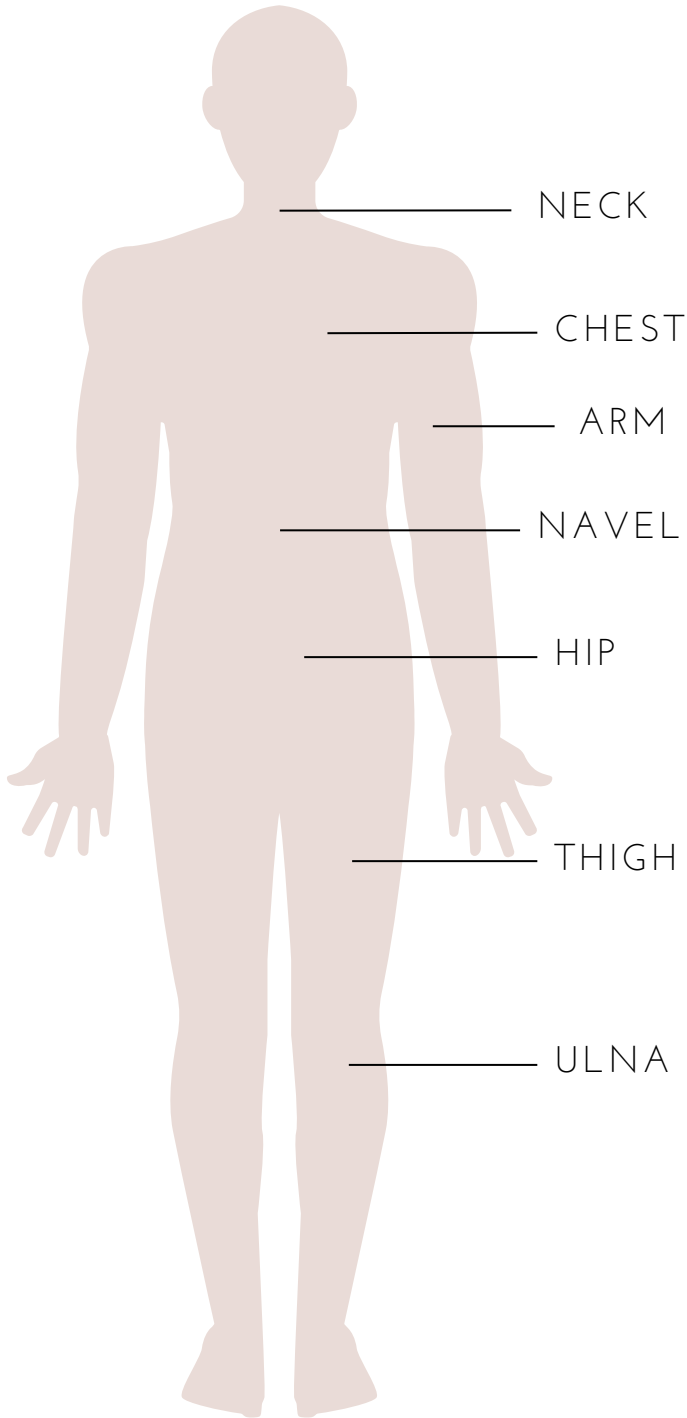
WILL MY INSURANCE COVER SEMAGLUTIDE?

Insurance companies may provide coverage for semaglutide when it is prescribed for the treatment of type 2 diabetes. However, coverage for semaglutide as a weight loss medication is not typical. However, it's always best to check with your insurance provider.



CLIENT RECORD

measurements

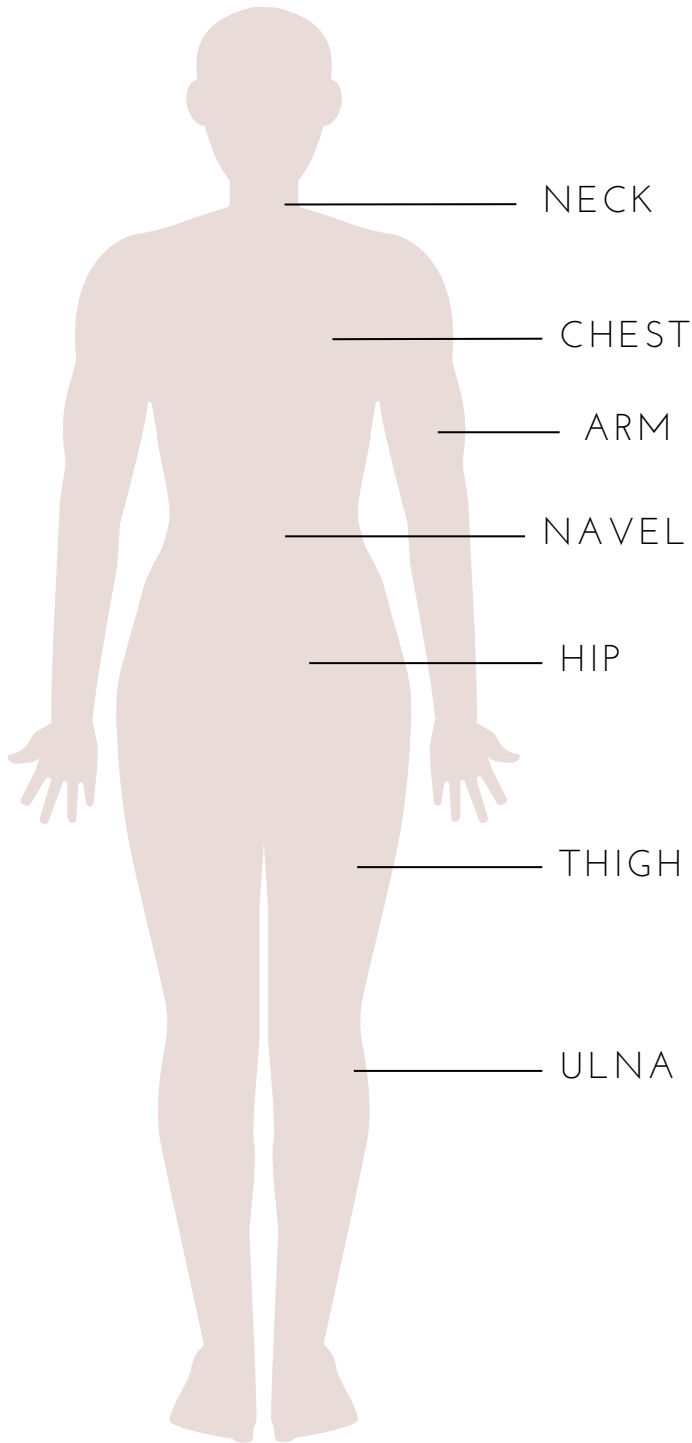


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CLIENT RECORD

measurements



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