INFORMED CONSENT FOR SEMAGLUTIDE/OZEMPIC/WEGOVY TREATMENT

Patient Name: _____

Date of Birth: _____

I, the undersigned, hereby give my consent to receive treatment with semaglutide, a medication prescribed for the management of type 2 diabetes and/or chronic weight management in adults with obesity or overweight.

1. Purpose and Benefits of Semaglutide Treatment

I understand that semaglutide has been approved by the FDA for two indications: type 2 diabetes and chronic weight management in adults with obesity or overweight.

A. Type 2 Diabetes:
Semaglutide (Ozempic) is used as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. It is administered as a once-weekly subcutaneous injection at doses of 0.5 mg or 1.0 mg.

B. Chronic Weight Management:
Semaglutide (Wegovy) is used for chronic weight management in adults with obesity or overweight, accompanied by at least one weight-related comorbidity such as type 2 diabetes, hypertension, or dyslipidemia. The recommended dose for chronic weight management is 2.4 mg, administered once weekly.

Any other use is considered OFF LABEL use.

2. Administration of Semaglutide

Semaglutide is administered via subcutaneous injection using a prefilled pen. The specific dose and pen options may vary based on the formulation of semaglutide prescribed.

3. Contraindications and Limitations of Use

I acknowledge the following contraindications and limitations of semaglutide use:

Contraindications:
- Personal or family history of medullary thyroid carcinoma
- Multiple endocrine neoplasia type 2
- Prior serious hypersensitivity reaction to semaglutide or any of its components

Limitations of Use:
- Semaglutide should not be used in combination with other semaglutide-containing products or any other GLP-1 receptor agonist.
- Safety and efficacy of semaglutide in combination with other weight loss medications or products have not been established.
- Semaglutide has not been studied in patients with a history of pancreatitis.

4. Warnings and Adverse Events

I understand that semaglutide treatment may have certain warnings and potential adverse events, including but not limited to:

- Risk of thyroid C-cell tumors: Regular thyroid examinations and calcitonin measurements may be required.
- Acute pancreatitis: Signs and symptoms of acute pancreatitis should be monitored, and semaglutide should be discontinued if this condition occurs.
- Acute gallbladder disease: Rapid weight loss with semaglutide may increase the risk of acute gallbladder disease, and patients should be monitored for related symptoms.
- Hypoglycemia: Semaglutide can cause low blood sugar levels, especially when used with other hypoglycemic medications. Diabetic patients should be aware of this risk, and blood glucose levels should be monitored.
- Acute kidney injury: Semaglutide may lead to acute kidney injury or worsening renal failure in some cases, particularly in patients experiencing adverse gastrointestinal reactions such as nausea, vomiting, diarrhea, or abdominal pain.
- Hypersensitivity reactions: Anaphylaxis or angioedema may occur, especially in patients with a history of hypersensitivity to GLP-1 receptor agonists.
- Diabetic retinopathy complications: Temporary worsening of diabetic retinopathy has been associated with rapid improvement in glucose control.
- Increase in resting heart rate: Semaglutide may cause a slight increase in resting heart rate, which should be monitored regularly.
- Suicidal behavior and ideation: Patients should be monitored for mood and behavior disorders, although clinical studies have not shown an increased risk compared to placebo.

Common adverse events associated with semaglutide treatment include gastrointestinal symptoms such as nausea, diarrhea, vomiting, and constipation. These symptoms are usually mild to moderate in severity and tend to decrease over time. Other adverse events with an incidence ≥5% are as follows: abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distention, eructation, hypoglycemia in patients with type 2 diabetes, flatulence, gastroenteritis, gastroesophageal reflux disease, and nasopharyngitis.

5. Follow-up Appointments

I understand that regular follow-up appointments and laboratory tests are necessary to monitor the effectiveness and safety of semaglutide treatment. These appointments may include assessments of body mass index, vital signs, glucose levels, lipid profile, renal function, liver function, and thyroid function.

6. Right to Withdraw Consent

I understand that I have the right to withdraw my consent for semaglutide treatment at any time.

7. Questions and Concerns

I have had the opportunity to ask questions about semaglutide treatment, and my healthcare provider has addressed my concerns to my satisfaction. I understand that I can contact my healthcare provider if I have any further questions or concerns.

By signing below, I acknowledge that I have read and understood the information provided in this informed consent document, and I voluntarily agree to proceed with semaglutide treatment under the supervision of my healthcare provider.

Patient Signature: _____

Date: _____

Healthcare Provider Signature: _____

Date: _____