

Physician History and Physical

Occupation

Current Medications

Medication Allergies

Height

Weight

Blood Pressure

Pulse

BMI

Previous Prescription weight loss medication

How much weight have you gained in the past two years?

Past Medical History

PCOS

Diabetes

HTN

Hypercholesterolemia

Childhood Obesity

None of above

Family History

Obesity

Heart Disease

Diabetes

PCOS

None of above

Past Surgical History

Gastric Bypass

Gastric Band

Gastric Sleeve

Other Non-Orthopedic Surgeries

None

Contraindications

Hx of any Thyroid Cancer

Hx of Multiple Neoplasia 1 or 2

Hx of Pancreatitis

Current or Planned Pregnancy

None of above

Exercise

Sedentary

Moderate

Active

Rx Approved Compound Semaglutide Sig: Weekly injections as tolerated

Yes

No

Reviewed and discussed potential side effects including gastroparesis, nausea, diarrhea, constipation and reflux.

Yes

No

Notes

Physician Signature: _____