



**SOUTH COAST
MEDICAL GROUP**
FAMILY PRACTICE **OR** URGENT CARE
WWW.SOUTHCOASTMEDGROUP.COM
(949)-360-1069

NAME: _____ **Date Visit** _____

Date of Birth: _____ **Height** _____ **Weight** _____ **BMI** _____

Do you ever feel like you're eating patterns can get out of control? **Yes or NO**

Do you eat between meals? **Yes or NO**

Do you eat as a response to your emotions? **Yes or NO**

Do you have any dietary restrictions? **Yes or NO**

Do you currently take part in physical activity? **Yes or NO**

HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

Type 2 Diabetes? **Yes or NO**

High Blood Pressure **Yes or NO**

High Cholesterol **Yes or NO**

Have you had or do you have a family history of Thyroid disorder or cancer? **Yes or NO**

If yes, what kind of thyroid disorder or thyroid cancer was it? _____

What prescription medication, if any, do you currently take: _____

What Kind of food do you eat? _____

How many times a week do you take part in physical activity? _____ How long do your sessions of physical activity last? _____ What type of physical activity? _____

What are your weight/obesity-management goals? _____

Short Term Goals: _____

Long Term Goals: _____

How many weight loss attempts have you made in the last 5 years? 0 1 2 3 4 5+

Have you participated in any structured weight-loss program in the past and, if so which one and was one better than the other? How long was the program?

What are some barriers that have kept you from losing weight in the past? _____

Have you ever been on an anti-obesity or weight-loss medication in the past or are you currently on one? **Yes or NO** if so which one(s): _____



Please read the information below. If you have any questions, please let your medical provider know before signing consent.

Glucagon-Like Peptide 1 Receptor Agonists:

- Class of medication includes: Wegovy (**derived from Ozempic**) Zepbound (**Derived from Mounjaro**)
- GLP-1 injections are intended to be used along with diet and exercise to control blood sugar levels and improve weight in those who are obese (BMI > 30) or overweight (BMI > 27) with a weight-related comorbidity such as elevated cholesterol (hyperlipidemia), hypertension, type 2 diabetes, heart disease, or obstructive sleep apnea
- In patients with type 2 diabetes, these injections have been shown to significantly reduce blood sugar levels in addition to reduce the risk of stroke, cardiovascular disease, and death
- Although these medications have been approved by the FDA for type 2 diabetes and/or weight loss management, this does not guarantee coverage by most commercial plans and most plans are only covering them for diabetes and NOT for weight loss

Warnings - Zepbound and Wegovy may cause tumors in the thyroid, including thyroid cancer. Watch for possible symptoms, such as a lump or swelling in the neck, hoarseness, trouble swallowing, or shortness of breath. If you have any of these symptoms, tell your healthcare provider.

- Do not use Zepbound and Wegovy if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC).
- Do not use Zepbound and Wegovy if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- Do not use Zepbound and Wegovy if you have had a serious allergic reaction to tirzepatide, semaglutide or any of the ingredients in Zepbound and Wegovy.

Zepbound and Wegovy may cause serious side effects, including:

Severe stomach problems. Stomach problems, sometimes severe, have been reported in people who use Zepbound and Wegovy. Tell your healthcare provider if you have stomach problems or concerns that seem severe or will not go away.

Kidney problems (kidney failure). Diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems. It is important for you to drink fluids to help reduce your chance of dehydration.

Gallbladder problems. Gallbladder problems have happened in some people who use Zepbound and Wegovy. Tell your healthcare provider right away if you get symptoms of gallbladder problems, which may include pain in your upper stomach (abdomen), fever, yellowing of skin or eyes (jaundice), or clay-colored stools.



Inflammation of the pancreas (pancreatitis). Stop using Zepbound and Wegovy and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.

Serious allergic reactions. Stop using Zepbound and Wegovy and get medical help right away if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue or throat, problems breathing or swallowing, severe rash or itching, fainting or feeling dizzy, or very rapid heartbeat.

Low blood sugar (hypoglycemia). Your risk for getting low blood sugar may be higher if you use Zepbound and Wegovy with medicines that can cause low blood sugar, such as a sulfonylurea or insulin. **Signs and symptoms of low blood sugar may include** dizziness or light-headedness, sweating, confusion or drowsiness, headache, blurred vision, slurred speech, shakiness, fast heartbeat, anxiety, irritability, mood changes, hunger, weakness or feeling jittery.

Changes in vision in patients. Tell your healthcare provider if you have changes in vision during treatment with Zepbound and Wegovy.

Depression or thoughts of suicide. You should pay attention to changes in your mood, behaviors, feelings, or thoughts. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

Common side effects

The most common side effects of Zepbound and Wegovy include nausea, diarrhea, vomiting, constipation, stomach (abdominal) pain, indigestion, injection site reactions, feeling tired, allergic reactions, belching, hair loss, and heartburn. These are not all the possible side effects of Zepbound and Wegovy. Talk to your healthcare provider about any side effect that bothers you or doesn't go away.

Patients who should avoid use of GLP-1 injectables:

- Contraindicated in patients who have a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia-2 (MEN-2).
- Caution is advised in patients who have had pancreatitis or who are at high ongoing risk for pancreatitis.
- Caution advised in patients with gastroparesis due to possible side effect of slow gastric emptying



Patient-Provider Agreement:

1. I understand that this weight loss program is a cash only program and insurance will not be billed for these services. Each visit is \$125 per visit and must be paid at the time of each visit.
2. I understand that for my provider to continue to treat me in the weight loss program, I will attend the initial visit, followed by a two week follow up visit, after starting the authorized medication. This 2 week follow up visit is to make sure I am tolerating the medication and to address any concerns, since starting the regimen.
3. I will then be required to be seen by my provider every 30 days UNLESS my provider requests that I be seen due to non-compliance, side effects, or concerns regarding my health in this weight loss program.
4. **Patients will be required to have a comprehensive metabolic panel that includes A1C and thyroid, if you have not had one, within the last 90 days of your initial visit. If you have not had this bloodwork done, the provider will give a lab order to go to Quest Diagnostics. There is a \$75 fee that will need to be paid BEFORE you are given the order. Quest will NOT BILL you, they will bill South Coast Medical Group OC for your labs. Also, all females who are not in menopause will have to have a pregnancy test. It will be done at our office during your initial visit. There is a \$25 fee for the pregnancy test.**

I have read and understand the risks/benefits of this type of medication. [redacted] Initial

I acknowledge that I will continue to maintain a low-calorie, low-fat diet and exercise program to continue to control my weight and blood sugar. [redacted] Initial

I acknowledge that I understand that I have made the decision to participate in this cash only weight loss clinic. I understand that to stay in the program, I will follow the guidelines spelled out in this agreement and recommendations from the South Coast Medical Group OC Medical Providers. [redacted] Initial

I fully understand the risks and possible side effects, and that if you experience any side effects, you agree to contact YOUR provider immediately, which might result in stopping the medication and/or coming in to be seen and evaluated by our medical provider as soon as possible. If the side effects are extreme, go to the nearest emergency room or dial 911. [redacted]

My signature gives South Coast Medical Group Orange County my consent to participate in this cash paid weight loss program. I fully understand the guidelines in order to participate in the weight loss clinic and acknowledge that the medical providers of South Coast Medical Group OC can elect to discharge me from the clinic if I am not compliant or my medical history changes and I develop a contraindication to the medication and/or I am not able tolerate the medication.

Signature _____

Date _____



In House Semaglutide (generic for Wegovy) Injections Patient – Medical Provider Agreement

1. I understand that the medications provided in the clinic are part of a cash only program and insurance will not be billed for these services.
2. I understand that the provider will titrate the dose of medication based upon continued weight loss and monitoring for any side effects with medication adjustments.
3. **I agree to the cost schedule for these medications as listed below:**
 - a. 0.25mg Semaglutide per week \$75 per dose and 4 week supply \$ 300 _____ initials
 - b. 0.5mg Semaglutide per week \$100 per dose and 4 week supply \$ 400 _____ initials
 - c. 1mg Semaglutide per week \$125 per dose and 4 week supply \$ 500 _____ initials
 - d. 2mg Semaglutide per week \$150 per dose and 4 week supply \$ 600 _____ initials
 - e. This is the pricing for receiving one injection at your monthly follow up appointment and then receiving 3 injections to take home to self-administer
 - f. Monthly Consultation (visits are required) will be a \$125.00 fee each visit _____ initials
 - g. If you prefer to come into the office each week to be given the injection instead of administering at home. We offer a “nurses” visit and there is a \$25.00 fee _____ initials

The nurse’s are required to weigh you and document your tolerance to the injection. If it is found that you are experiencing side effects that are concerning, you will be required to see a medical provider for an evaluation, which would be considered a medical visit that would be billed to your insurance company and any co-payment and or patient share will collected.

Print Patient Name: _____ Date of Birth: _____

My signature below represents that I understand the terms, conditions, and cost of the cash only weight loss program as stated above.

Signature: _____ Date: _____