

SIMPLYCARE/DNA DIET CLUB

Semaglutide Questionnaire

Patient Name: _____

DOB: _____

Please answer following questions to the best of your knowledge:

1. Have you been diagnosed with obesity or overweight with at least one weight-related comorbidity?

2. Have you tried other weight management strategies such as diet, exercise, and behavioral modifications without sufficient success?

Yes/No _____

3. Are you currently taking any medications or supplements for weight loss or other conditions?

Yes/No _____

4. Have you ever been diagnosed with type 2 diabetes? If so, are you taking any medications for it?

Yes/No _____

5. Do you have a history of pancreatitis or pancreatic disease?

Yes/No _____

6. Do you have any history of thyroid disease or thyroid cancer, either personal or in your family?

Yes/No _____

7. Have you ever had an allergic reaction to semaglutide or any other GLP-1 receptor agonists?

Yes/No _____

8. Do you have a history of diabetic retinopathy or any other eye-related problems?

Yes/No _____

9. Are you pregnant, planning to become pregnant, or breastfeeding?

Yes/No/NA _____

10. Do you have any history of gastrointestinal disorders, such as gastroparesis or inflammatory bowel disease?

Yes/No _____

11. Do you have a history of kidney disease or impaired kidney function?

Yes/No _____

12. Do you have any history of heart disease or cardiovascular issues?

Yes/No _____

13. Are you currently following a specific diet or meal plan for other health reasons?

Yes/No _____

14. Are you willing and able to adhere to the recommended dosing and administration guidelines for semaglutide?

Yes/No _____

15. Do you have any concerns or questions about the potential side effects of semaglutide?

Yes/No _____

Signed: _____

Date: _____