



Semaglutide & Tirzepatide Weightloss Program Consultation Form

Thank you for your interest in our weight loss solution program, featuring **Semaglutide** and **Tirzepatide Injection Therapy**. These cutting-edge medications are designed to help you achieve sustainable weight loss with fewer side effects and enhanced results. Our membership program provides you with a personalized approach and ongoing support to guide you throughout your weight loss journey.

Membership Details:

- **Initial Program Fee:** \$300 (one-time)
- **Monthly Membership Fee:** \$500 (auto charged month-to-month)

Medical History

1. Do you have a history of any of the following?

(Check all that apply)

- Diabetes
- Heart Disease
- Kidney Disease
- Liver Disease
- Gastrointestinal Issues (ie. Gastroparesis)
- Personal History or Family History of Thyroid Medullary Cancer (MTC)
- Multiple endocrine neoplasia syndrom type 2 (MEN2)
- Allergy to Tirzepatide or Semaglutide

2. Are you currently taking any medications for weight loss or diabetes?

- Yes
- No

If yes, please list them: _____

3. Have you ever been diagnosed with a history of eating disorders?

- Yes (What Type _____)
- No

4. Have you previously tried other weight loss methods?

- Yes
- No

If yes, which methods? _____

5. Are you currently pregnant or breastfeeding? YES or NO (Please Circle)

Health Goals

Tell us more about your weight loss goals so we can tailor our treatment to your needs.

1. What is the reason for your primary weight goal?

- Lose weight
- Improve overall health
- Increase energy
- Other: _____

2. What is your target weight loss? (in pounds) _____

3. How long have you been struggling with weight loss?

- Less than 6 months
- 6 months to 1 year
- 1-3 years
- More than 3 years

How They Work and What is the Difference Between Semaglutide and Tirzepatide?:

- **Semaglutide** (brand name Ozempic/Wegovy) is a GLP-1
- **Tirzepatide** (brand name Mounjaro) is a dual GLP-1 and GIP receptor
- They help regulate blood sugar levels, slow down digestion, and reduce hunger, leading to sustainable weight loss.

What is a GLP-1?

A hormone that helps regulate blood sugar, digestion and appetite

What is a GIP Receptor?

A hormone known as the “obese hormone” released into the bloodstream after eating nutrients which stimulates the pancreas to release insulin

Risks and Side Effects of Semaglutide & Tirzepatide

While **Semaglutide** and **Tirzepatide** are effective treatments for weight loss, it is important to understand the potential risks and side effects associated with these medications. Please read the following carefully:

Common Side Effects:

- **Nausea**
- **Vomiting**
- **Diarrhea**
- **Constipation**
- **Abdominal pain or discomfort**
- **Decreased appetite**
- **Fatigue**

Serious Side Effects:

- **Pancreatitis (inflammation of the pancreas)** – Symptoms may include severe abdominal pain, nausea, and vomiting.
- **Kidney problems** – Symptoms may include reduced urination, swelling in your legs or ankles, and feeling tired.
- **Thyroid tumors (including thyroid cancer)** – There is a potential risk for thyroid tumors, including medullary thyroid carcinoma (MTC), especially in patients with a family history of thyroid cancer.
- **Hypoglycemia (low blood sugar)** – When used with other diabetic medications, Semaglutide and Tirzepatide may cause low blood sugar, leading to dizziness, confusion, sweating, or shaking.
- **Gallbladder problems** – These medications may increase the risk of gallstones or gallbladder disease.
- **Increased heart rate** – Some patients may experience an increase in heart rate.
- **Allergic reactions** – Symptoms may include rash, itching, or swelling of the face, lips, or tongue.

Precautions:

- **Not recommended for individuals with a personal or family history of thyroid cancer** or multiple endocrine neoplasia syndrome type 2 (MEN2).
- **Not recommended during pregnancy or breastfeeding.**
- **Monitor for signs of dehydration**, especially in the early stages of treatment, as this can exacerbate side effects such as nausea and vomiting.

Agreement & Consent to Weight Loss Membership Program

This is **NOT** the medical consent form for Tirzepatide or Semaglutide treatment. By signing this form, you acknowledge that the questions answered above have been answered to your best ability and that you have received information regarding the following related to the Contour Medical Spa weight loss monthly program:

- The **Semaglutide & Tirzepatide GLP-1 Weight Loss Therapy Membership** includes the initial program fee of \$300 in addition to the first month membership fee totaling \$800 followed by the continuous monthly membership fee of \$500 thereafter.
- Membership fees are charged **month-to-month** and may be canceled at any time by providing notice at least 7 days prior to the next billing cycle.
- A consultation with our medical professionals will be required to determine if Semaglutide or Tirzepatide therapy is appropriate for you.
- All treatments come with potential risks, and any medical history provided will be reviewed by our medical team before the final medical clearance for treatment is implemented

Signature: _____ **Date:** ____/____/____

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