RECOGNITION OF RISKS OF GLP-1 AGONIST TREATMENT

This agreement is between myself, the patient, and Advanced Practice Nursing Specialists (APNS) for the use of glucagon-like peptide 1 agonists (GLP-1a). GLP-1a drugs include Wegovy, Mounjaro, Ozempic, semaglutide, tirazepetide, Rybelsus (an oral version), Victoza, and Saxenda.

I understand that GLP-1a drugs were originally approved for diabetic patients.

I understand that compounded medications are made by a pharmacist specifically for me and are not FDA approved generic drugs.

I understand this is a subcutaneous injection and agree to the use of this medication knowing I will need to inject myself with the medication.

I understand this medication is administered once weekly and that I am required to administer on the same day each week and not vary this day unless directed to do so by my provider. I understand that my pancreas is adapting to this medication and that missed doses will result in my pancreas recovering and increases the risk of inducing pancreatitis if I administer the same level dosage after missing a dose. I agree to inform my provider immediately if I miss a dose and understand that as a result of missing a dose I will need to restart at a low dose in order to allow my pancreas to adapt to the medication again.

I agree not to increase the dosage prior to 4 doses unless directed to do so by my provider. I understand this process of slowly increasing the dosage month to month is to allow my pancreas to adapt to the medication. I understand that increasing the dosage too soon will put me at high risk for inducing pancreatitis and will most likely cause me to end up in the hospital and may result in my death.

I have reviewed the information on the advancedpracticenursingspecialists.com website regarding GLP-1a drugs and weight loss management.

I understand that my individual dosing may vary. I understand that not all patients will increase monthly as this is based on clinical assessment by my provider and my tolerance to the medication and progress I make. Each month I will follow up with my provider to see how I am doing on the medication so that he/she can prescribe the appropriate next month's dose that is most appropriate for me based on his/her clinical judgment.

I understand that my weight loss treatment may not require reaching a maximum dose for appropriate clinical effectiveness. I understand some patients respond to the medication in the first month while other patients require a higher dosage before their bodies respond and so I may not see any weight loss for the first few months.

I understand that GLP-1a treatment is not a guarantee of weight loss, appetite suppression, or elimination of "food noise". I understand, like any medication, some patients require higher doses before their bodies respond. Unfortunately, there is no way to predict this. It may take 4-5 months before the dose is high enough where weight loss begins. Continue with a healthy lifestyle that includes a low carb, high protein, high fiber diet with regular exercise.

I have seen the video on the on the advancedpracticenursingspecialists.com website on how to draw up my medication and inject myself subcutaneously. I recognize that I must contact my provider for clarification if I do not fully understand or feel confident in how to draw up my medication and inject myself.

I have reviewed the possible side effects of GLP-1a drugs on the advancedpracticenursingspecialists.com website and attest to the following:

I am aware of the increased risk of thyroid medullary cancer with a known personal or family history. I deny I have any personal or family history of thyroid medullary cancer. Further, I deny any history of or current thyroid nodules that have not been ultrasound scanned and biopsied with a negative medullary finding.

I am aware of the increased risk of pancreatic cancer as a result of being a carrier of the MEN gene with a known personal or family history. I deny that I have any personal or family history of the MEN gene or associated pancreatic cancer.

I am aware of the increased risk pancreatic cancer with a known personal or family history. I deny I have any personal or family history of pancreatic cancer.

I am aware of the increased risk of pancreatitis cancer with a known personal or family history. I deny I have any personal or family history of pancreatitis.

I understand not to have any surgeries while actively taking GLP-1a drugs and agree to disclose taking GLP-1a drugs to my surgeon and discontinue usage in the event I require surgery.

I am aware that a personal history of constipation places me at high risk of intestinal bowel obstruction and deny that I have irritable bowel syndrome with constipation, idiopathic constipation, slow transit constipation, gastroparesis, ileus, or any other gastrointestinal condition that causes or augments constipation.

I am aware of the increased risk of gall bladder disorders with a known personal or family history of gall bladder conditions, including, but not limited to gall stones, sludge, or ductal obstructions. I deny I have any personal or family history of gall bladder disorders.

I have disclosed any cardiac, liver, kidney, endocrine, or other medically significant conditions to my provider and in my medical disclosure questionnaire.

If I am a woman, I understand that GLP-1a drugs are classified as pregnancy category C and that there is a risk of birth defects to my unborn child should I take a GLP-1a drug while I am pregnant. Therefore, I agree not to become pregnant while on GLP-1a drugs, and should I find out I have become pregnant to immediately stop the GLP-1a drug and immediately inform my provider.

If I am a woman, I understand that at this time it is contraindicated to breastfeed while on a GLP-1a drug and therefore agree not to breastfeed while taking a GLP-1a drug.

I have reviewed the possible side effects of GLP-1a drugs on the advancedpracticenursingspecialists.com website and acknowledge the following:

I understand that GLP-1a drugs can cause the following side effects, and there is no way to predict who is or is not susceptible to manifesting these side effects, and I accept the risk of incurring these side effects by taking a GLP-1a drug.

- Fatigue
- Nausea
- Vomiting
- Headache
- Hypoglycemia
- Constipation
- Diarrhea
- Acid reflux
- GERD
- Gastroparesis
- Abdominal bloating
- Abdominal pain
- Pancreatitis
- MEN related conditions
- MEN related pancreatic cancer
- Medullary thyroid cancer
- Tachycardia
- Hypertension
- Acute kidney injury
- Allergic reactions
- Dizziness

- Lightheadedness
- Weakness
- Retinopathy
- Blindness
- Non-arteritic anterior ischemic optic neuropathy (NAION)

By signing this agreement, I attest that I do not have any of the contraindication conditions, I do not have family history of any of the contraindicated conditions and have fully disclosed all necessary information to my provider in order for him/her to make an informed and safe medical decision in prescribing me a GLP-1a. Further, I agree to follow the prescription and directions of the pharmacist and provider without variation, and if I have any questions or concerns, or experience any possible side effects, I will contact my provider immediately and fully disclose my condition and await instructions from my provider on how to proceed.

BY CLICKING "I AGREE" AND PROVIDING YOUR ELECTRONIC SIGNATURE, YOU ARE PROVIDING YOUR INFORMED CONSENT TO RECEIVE GLP-1 TREATMENT THROUGH THIS SERVICE. YOU CERTIFY THAT YOU ARE NOT CONSENTING ON BEHALF OF A MINOR CHILD, AS THIS SERVICE DOES NOT PROVIDE THIS TREATMENT TO INDIVIDUALS UNDER THE AGE OF 18.

_____ _____

Signature Date

_____

Print Name

Updated June 2026

Advanced Practice
Nursing Specialists, LLC
9205 W Russell Rd Suite 305
Las Vegas, NV 89148

info@apnshealth.com
www.apnshealth.com