Nathan Eberle
DDS MD FACS

WEIGHT LOSS PROGRAM MEDICAL QUESTIONNAIRE

PATIENT NAME:_____ AGE:_____ DATE OF BIRTH:_____ SEX:_____

HOME ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

HOME PHONE: (_____)_____ CELL PHONE: (_____)_____

EMAIL ADDRESS:_____

HEIGHT: _____ **WEIGHT**:_____

MEDICAL ALLERGIES: (LIST & STATE REACTION)

_____

SOCIAL HISTORY:(CHECK OFF) TOBACCO? □CIGARETTES/CIGARS □CHEW □PIPE □VAPE □QUIT (DATE): _____ **CAFFEINE?** □ NEVER □ COFFEE/TEA/SODA

CURRENT MEDICATIONS/SUPPLEMENTS: (LIST NAMES & DOSAGES):

_____

_____

ALCOHOL USE? □ NEVER □ RARELY □ SOCIAL □ DAILY

MARIJUANA (OF ANY KIND) RECREATIONAL/MEDICAL DRUGS? □ YES □ NO □

YOUR MEDICAL HISTORY: (MARK ALL THAT APPLY)

□ OBESITY	□ THYROID DISEASE	□ MEDULLARY THYROID CANCER	□ MULTIPLE ENDOCRINE NEOPLASIA 2
□ PANCREAS CONDITION	□ KIDNEY CONDITION	□ DIABETIC RETINOPATHY	□ TYPE 1 DIABETES
□ LIVER DISEASE	□ HEART DISEASE	□ LUNG DISEASE	□ KIDNEY DISEASE
□ THYROID DISEASE	□ BONE/JOINT DISEASE	□ HIGH BLOOD PRESSURE	□ LOW BLOOD PRESSURE
□ HEART ATTACK	□ ASTHMA	□ DIABETES	□ ARTHRITIS
□ BRUISE/BLEED EASILY	□ STROKE	□ ANEMIA	□ EPILEPSY

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☐ IMMUNE DEFICIENCY	☐ RHEUMATISM	☐ SCARLET FEVER	☐ HAY FEVER
☐ HEADACHES	☐ GLAUCOMA	☐ COLD SORES	☐ HERPES
☐ SKIN RASHES	☐ DEPRESSION	☐ ALCOHOLISM	☐ HIV
☐ HEPATITIS A, B	☐ HEPATITIS	☐ ABDOMINAL BLEEDING	☐ BRUISE EASILY
☐ HEART MURMUR	☐ KELOIDS	☐ TUBERCULOSIS	☐ AUTOIMMUNE DISORDERS
☐ PSYCHIATRIC CONDITION	☐ CANCER (TYPE): _____	☐ DOES NOT APPLY	
☐ OTHER (LIST):			

FAMILY MEDICAL HISTORY (OF ANY CONDITIONS LISTED ABOVE):
IF YES, PLEASE LIST RELATIONSHIP & CONDITION:
_____

PATIENT IMPLANT / DEVICE HISTORY (CHECK ALL THAT APPLY):
☐ PACEMAKER ☐ BREAST IMPLANTS ☐OTHER IMPLANTS ☐ TISSUE EXTENDER ☐ JOINT OR REPLACEMENT IMPLANT ☐ OTHER: _____

WOMEN'S HEALTH HISTORY:
PREGNANCIES: _____ DELIVERIES: _____ DATE OF LAST MAMMOGRAM: _____RESULTS: _____

DO YOU PLAN ON HAVING ANY MORE CHILDREN? ☐ YES ☐ NO

SURGICAL & COSMETIC HISTORY: LIST ANY PREVIOUS SURGERIES WITH YEAR:
_____

Do you or an immediate family member have any of the following (Yes or No):

_____ MTC or MEN 2

_____ Allergic to Semaglutide or any of the ingredients in Semaglutide or Tirzepatide.

_____ Have or have had problems with your pancreas or kidneys.

_____ Have a history of diabetic retinopathy.

_____Pregnant or breastfeeding or plan to become pregnant or breastfeed in the next 3-4 months

List ALL medications and dosages you currently use:

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_____

_____

_____

List ALL vitamins you currently use:

_____

_____

_____

WHAT ARE THE POSSIBLE SIDE EFFECTS OF SEMAGLUTIDE/ TIRZEPATIDE?

Semaglutide or Tirzepatide may cause serious side effects, including:

- Inflammation of your pancreas (pancreatitis). Stop using Semaglutide or Tirzepatide and call your health care 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.
- Changes in vision. Tell your health care provider if you have changes in vision during treatment with Semaglutide or Tirzepatide.
- Low blood sugar (hypoglycemia). Your risk for getting low blood sugar may be higher if you use Semaglutide with another medicine that can cause low blood sugar, such as sulfonylurea or insulin. Signs and symptoms of low blood sugar may include: dizziness or Light headedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, and feeling jittery.
- Kidney problems (kidney failure). In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.
- Serious allergic reactions. Stop using Semaglutide or Tirzepatide 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.
- Gallbladder problems. Gallbladder problems have happened in some people who take Semaglutide or Tirzepatide. Tell your healthcare provider right away if you get symptoms which may include pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools.
- The most common side effects of Semaglutide may include nausea, vomiting, diarrhea, stomach (abdominal) pain, and constipation.

Patient Signature: _____ Date: _____

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