REMEDY WELLNESS

Remedy Metabolic Intake

WEIGHT LOSS, WITH A TEAM

This is how we get to know you before your first visit: the medical screening we need before prescribing a GLP-1, plus your history with food and weight and what you want out of this. Answer honestly. Nothing here gets judged.

Type into this form or print it. Bring it to your consult or return it through our secure patient portal.

Full name

Preferred name

Date of birth

Today's date

Phone

Email

Primary care provider (if outside Remedy)

What You Want in your own words

What made you decide to look into this now?

Six months from now, what would tell you this worked? Think past the scale: energy, labs, clothes, keeping up with your kids, getting off a medication.

Goal weight, if you have one (optional)

Anything coming up you're working toward (event, surgery, trip)?

Your Weight History

Current weight

Height

Highest adult weight / age

Lowest adult weight / age

When did the weight start to change? Check anything that lines up with it.

- ☐ Pregnancy
- ☐ Perimenopause / menopause
- ☐ New medication
- ☐ Injury or surgery
- ☐ Job or schedule change
- ☐ Loss or grief
- ☐ Stress
- ☐ Stopped exercising
- ☐ Quit smoking
- ☐ Thyroid or hormone change
- ☐ Always been this way
- ☐ Other

What have you tried before?

- ☐ Calorie counting
- ☐ Low carb / keto
- ☐ Intermittent fasting
- ☐ WW / Noom / similar
- ☐ Meal replacements
- ☐ Personal trainer
- ☐ CleanUP Cleanse
- ☐ Phentermine
- ☐ Other Rx weight meds
- ☐ Bariatric surgery
- ☐ Prior GLP-1
- ☐ Other

What worked, even for a while, and what made it stop working?

If You've Taken a GLP-1 Before skip if not

Medication (semaglutide, tirzepatide, brand?)

Highest dose reached

Dates used

Still taking it? Current dose

Date of last injection

Where you got it

Results and side effects

Why did you stop?

Medical Screening check yes for anything that applies to you

Condition	Yes	Condition	Yes
Medullary thyroid cancer, you or family	☐	Type 1 diabetes	☐
MEN2 (multiple endocrine neoplasia type 2), you or family	☐	Type 2 diabetes or prediabetes	☐
Pancreatitis, ever	☐	Low blood sugar episodes	☐
Gallstones or gallbladder removed	☐	Diabetic eye disease (retinopathy)	☐
Gastroparesis or slow stomach emptying	☐	Other thyroid condition	☐
Kidney disease	☐	High blood pressure	☐
Liver disease, including fatty liver	☐	Heart disease or irregular heartbeat	☐
Reflux / GERD	☐	Sleep apnea	☐
IBS, Crohn's, or colitis	☐	PCOS	☐
Chronic constipation	☐	Osteopenia or osteoporosis	☐
Depression or anxiety	☐	Fracture as an adult	☐
Thoughts of suicide, ever	☐	Cancer, any type	☐
Anorexia, bulimia, or binge eating, ever	☐	Prior bariatric surgery	☐
Surgery or sedation planned in the next 3 months	☐	Alcohol or substance use concern	☐

Details on anything you checked

Women's Health if applicable

☐ Currently pregnant
☐ Breastfeeding
☐ Trying to conceive in the next 6 months
☐ Using birth control pills
☐ Other contraception
☐ Perimenopausal
☐ Postmenopausal
☐ On hormone therapy
☐ Irregular cycles

Medications, Supplements & Allergies

List everything, including insulin, diabetes medications, blood pressure medications, antidepressants, hormones, and supplements. You can attach a list.

Allergies (medications, foods, latex) and reaction

Comfortable giving yourself a shot?

Muscle & Bone this is the part we protect, so we need a starting point

Strength or resistance training, days per week

Other movement (walking, yoga, sports)

- ☐ I've had a fall in the past year
- ☐ Stairs or getting up from the floor is hard
- ☐ Joint pain or injury limits how I move
- ☐ I've had a bone density (DEXA) scan. Date / result: _____
- ☐ Parent or sibling with osteoporosis or hip fracture
- ☐ I've lost strength I used to have

Anything that makes exercise hard right now?

How You Eat

Meals per day

Snacks per day

Water per day (oz or glasses)

Alcoholic drinks per week

What does a typical day of eating look like?

Protein you eat regularly (eggs, chicken, fish, shakes, beans)

Foods you avoid or don't tolerate

Who does the cooking at home?

How often do you eat out or grab takeout?

Why You Eat the medication quiets appetite, but it doesn't answer this

When do you find yourself eating when you're not hungry? Check all that fit.

- ☐ Stressed
- ☐ Bored
- ☐ Tired
- ☐ Late at night
- ☐ Lonely or sad
- ☐ Celebrating
- ☐ Skipped meals earlier
- ☐ Social pressure
- ☐ Rewarding myself

Hours of sleep most nights

Stress level right now (1 to 10)

Biggest source of stress

Your Gut, Before We Start so we can tell what's new later

Symptom	Never	Some	Often	Symptom	Never	Some	Often
Nausea	☐	☐	☐	Reflux / heartburn	☐	☐	☐
Constipation	☐	☐	☐	Bloating	☐	☐	☐
Loose stools	☐	☐	☐	Fatigue	☐	☐	☐

Bowel movements per day / week

Support & Logistics

Who in your life is in your corner on this?

Anyone who might make it harder?

During active weight loss, you'll come in every two weeks. Which days and times usually work?

- ☐ Mornings
- ☐ Midday
- ☐ Afternoons
- ☐ Flexible

Between visits, how do you like to hear from us?

- ☐ Text
- ☐ Phone call
- ☐ Patient portal
- ☐ Email

Would you be interested in any of these? They're part of the program.

- ☐ Cooking class
- ☐ Nutrition guidance
- ☐ Group sessions
- ☐ Sound healing / stress support
- ☐ Be Well Circle community
- ☐ Not sure yet

How did you hear about us? If someone referred you, we'd love to thank them.

Anything Else

Is there anything about your health, your history, or how you've been treated in the past that you want us to know before we meet?

Patient signature. I confirm this information is complete and accurate to the best of my knowledge.

Date