

Ozempic Treatment Consent Form

Consent ozempic

Patient Information Name: _____ Date of Birth: _____ Address: _____ Phone Number: _____

Overview of Ozempic (Semaglutide) Ozempic is a prescription medication used to treat type 2 diabetes and assist in weight loss. It works by mimicking a hormone in the body that helps control blood sugar levels and may also reduce appetite. Ozempic is injected once weekly.

Potential Benefits

- Helps to improve blood sugar control for individuals with type 2 diabetes.
- May assist with weight loss in some patients.
- Can reduce the risk of heart-related complications in patients with diabetes.

Potential Risks and Side Effects While Ozempic may be beneficial, it is important to be aware of possible side effects, including:

- Nausea, vomiting, or diarrhea
- Decreased appetite
- Risk of low blood sugar (hypoglycemia)
- Pancreatitis (inflammation of the pancreas)
- Kidney problems
- Risk of thyroid tumors (in animal studies)

Medical Conditions to Consider You should not use Ozempic if:

- You have a history of medullary thyroid carcinoma (MTC) or multiple endocrine neoplasia syndrome type 2 (MEN 2).
- You are allergic to semaglutide or any of the ingredients in Ozempic.
- You have severe kidney disease or diabetic ketoacidosis.

Informed Consent I, the undersigned, have read and understand the information provided above regarding Ozempic treatment. I understand the potential risks, benefits, and side effects, and I have had the opportunity to ask questions and receive satisfactory answers. I consent to the use of Ozempic for the management of my condition under the care of my healthcare provider.

Patient Signature: _____ Date: _____

Healthcare Provider Signature: _____ Date: _____

This form can be customized to fit the specific needs and regulations of the healthcare provider and location. Always consult with a healthcare professional before starting any treatment.