

FOLLOW UP VISIT TEMPLATE FOR GLP-1/GIP AGONIST MEDICATIONS:

Patient Name: _____

Date of Birth: _____

Patient presents today for evaluation of response to medication and consideration of dose adjustment

Current medication and dose

Semaglutide _____ mg weekly

Tirzepatide _____ mg weekly

Side effects noted: _____

Vitals

Patient's current height ____ ft ____ inches

Patient's current weight _____ lbs

Weight change since starting Rx _____

Calculated BMI: _____

Assessment:

CIRCLE ONE:

Obesity/overweight/maintaining ideal body weight

CIRCLE ONE:

Improving/not improving

Additional Notes: _____

Plan

New dose _____ mg weekly SQ

F/u visit in 4/8/12 weeks (CIRCLE ONE), or sooner as needed

Follow-up visits are recommended every 30 days for the first 3 months, then once quarterly ongoing

- *Once a patient has reached their ideal body weight (BMI 18.5 to 25) the dosing should be changed as follows:*
 - *Once patients' BMI is 25, there is no need to further escalate their dose, and we can start decreasing to a maintenance dose.*
 - *Once a patient's BMI is 24, reduce the dose by half*
 - *If still losing weight after four weeks, reduce the dose to initiation dose*
 - *If still losing weight, discontinue the medication once BMI reaches 22*
 - *Medication can be restarted if BMI increases to 25.*
- *No weight loss medications should be dispensed or administered to a patient with a BMI of under 20 under any circumstances.*

☐ I have taken a photo of the dispensing labels and entered it into the patient's chart

Provider Signature: _____