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: _____

Portrait