

# GLP-1 Agonist Use and Eating Disorder Risk Management Plan

This form provides an opportunity for you to collaborate with your support team to determine clear goals of taking a GLP-1 agonist and a plan of action if there are any concerns from them or you about your safety.

**Client Name:**

**Support team:**

- GP/ Medical Professions:
- Dietitian:
- Mental Health worker/ Psychologist:
- Other:

I give consent for my support team to share and communicate about my GLP-1 Agonist Use and Eating Disorder Risk Management Plan.

**Signed:**

**Date:**

Goals:		
Plan to Minimise risk:		
	"Red Flag"	Planned action
Mental health		
Physical health		
Eating disorder		