

PEPTIDE THERAPY INFORMED CONSENT

Please read the following information carefully. Ask your provider any questions before signing.

Patient Name (print): _____

Date of Birth (mm/dd/yyyy): _____

ABOUT PEPTIDE THERAPY

Peptide therapies are medications or biologically active substances that may affect specific pathways in the body. My provider has discussed the peptide therapy recommended for me, including its intended purpose, expected benefits, limitations, and how it will be administered.

POTENTIAL BENEFITS

Potential benefits depend on the specific peptide and my individual health needs. Benefits may include improvement in the condition or symptoms being treated, metabolic or weight-related effects, or other therapeutic effects. I understand that results vary and no specific outcome is guaranteed.

RISKS & POSSIBLE SIDE EFFECTS

Possible side effects vary by medication and may include nausea, vomiting, diarrhea, constipation, abdominal discomfort, headache, fatigue, dizziness, injection-site pain/redness/swelling, changes in appetite, allergic reactions, changes in blood sugar, gallbladder problems, pancreatitis, dehydration, or other medication-specific effects. Some risks may be uncommon, serious, or not yet known. I understand that my provider can review medication-specific risks with me.

COMPOUNDED OR OFF-LABEL THERAPY

I understand that some peptide therapies may be compounded and/or prescribed for a use that differs from an FDA-approved indication. Compounded medications are not the same as FDA-approved products and may have limited data for a particular formulation or use. I understand that my provider will determine whether the treatment is appropriate for me.

MY RESPONSIBILITIES

I agree to provide complete and accurate information about my medical history, allergies, medications, supplements, pregnancy status, and relevant health conditions. I will use the medication only as directed, will not share it with another person, and will contact my provider about concerning or persistent symptoms. I understand that emergency symptoms require immediate medical attention.

ALTERNATIVES & RIGHT TO DECLINE

Alternatives may include no treatment, lifestyle changes, other medications or therapies, or referral to another provider. I understand that I may ask questions, decline treatment, or discuss stopping treatment with my provider.

PATIENT ACKNOWLEDGMENT

1	I understand the purpose and expected benefits of the peptide therapy recommended for me.	INITIALS _____
2	I understand the potential risks, side effects, limitations, and the possibility of unknown or medication-specific risks.	INITIALS _____
3	I understand that some peptide therapies may be compounded and/or used off-label, as applicable.	INITIALS _____
4	I understand how I am to use the medication and agree to follow my provider's instructions.	INITIALS _____
5	I have had an opportunity to ask questions and believe my questions have been answered to my satisfaction.	INITIALS _____

Before peptide therapy, notify your provider if you have (please check all that apply):

- | | |
|---|--|
| ☐ Pregnancy, breastfeeding, or trying to conceive | ☐ Endocrine/hormonal disorder |
| ☐ Active cancer or history of cancer | ☐ Autoimmune or immune-system disorder |
| ☐ Kidney or liver disease | ☐ Current infection or significant illness |
| ☐ Heart disease, heart failure, or significant arrhythmia | ☐ Medication allergies or previous reaction to injectable medications |
| ☐ Diabetes or abnormal blood sugar | ☐ Currently taking multiple prescription medications |
| ☐ History of pancreatitis | ☐ Previous adverse reaction to a peptide or injectable therapy |
| ☐ Significant gastrointestinal disease or delayed gastric emptying | |

CONSENT: By signing below, I acknowledge that I have read and understood this consent form, have had the opportunity to ask questions, and voluntarily consent to peptide therapy as recommended by my healthcare provider.

Patient Signature: _____

Date: _____

This form documents informed consent and does not replace individualized medical advice or medication-specific instructions.