Semaglutide + BPC-157 Assessment

Patient name: _____ DOB: _____

Current dose of Semaglutide + BPC-157: _____

Starting weight: _____ Current weight: _____

Has diet been adjusted to small, low-calorie meals throughout the day? ☐ Yes ☐ No

What is your current exercise routine/schedule? _____

_____

How many days a week? _____

How do you feel since starting Semaglutide + BPC-157? _____

_____

_____

Have you experienced any side effects? If yes, please described in detail.

- ☐ Nausea
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Constipation
- ☐ Abdominal Pain
- ☐ Headache
- ☐ Fatigue
- ☐ Dyspepsia
- ☐ Other: _____

_____

- ☐ Dizziness
- ☐ Abdominal distention/bloating
- ☐ Belching
- ☐ Hypoglycemia
- ☐ Gastroenteritis
- ☐ GERD/acid reflux
- ☐ Development or worsening of depression or suicidal ideations
- ☐ Allergic reactions (swelling of face, lips, throat, or tongue; rash, hives, etc.)

If you chose yes to any of the above, please describe: _____

_____

_____

If any side effects are indicated, patient must be cleared by medical provider in order to safely continue medication.

Signature: _____ Date: _____