GLP-1 Pre-Screening Questionnaire

Download, complete at home, save, and upload through your secure patient portal.

PRIVACY: Do NOT enter your name, date of birth, address, phone number, email, medical-record number, or other identifying information on this form. Upload the completed form only through the secure patient portal. For automatic BMI calculation, download and open this PDF in Adobe Acrobat Reader; some browser viewers may not calculate.

1. HEIGHT, WEIGHT & AUTOMATIC BMI

Height ft in **Current weight** lb **Calculated BMI:**

Goal weight lb Waist (optional) in Highest adult weight

Have you been told you have any weight-related conditions? Check all that apply.

- High blood pressure / hypertension
- Cardiovascular / heart disease
- High cholesterol / triglycerides
- Fatty liver / metabolic liver disease
- Type 2 diabetes
- Weight-related joint problems
- Prediabetes / insulin resistance
- PCOS
- Obstructive sleep apnea
- None of the above

2. CURRENT / PREVIOUS WEIGHT-LOSS TREATMENT

- I currently take a GLP-1/GIP or GLP-1 medicine (e.g., semaglutide or tirzepatide).
- I have taken a GLP-1/GIP or GLP-1 medicine in the past.
- I take another prescription weight-loss medicine.
- I use compounded or non-FDA-approved weight-loss medication.
- I am not currently taking weight-loss medication.

Medication/product (if applicable): Current dose: Last dose:

Previous weight-loss medications/programs and reason stopped:

3. TREATMENT GOALS

- Weight loss
- Improved glucose/metabolic health
- Improved blood pressure
- Improved mobility/joint symptoms
- Improved sleep
- Long-term weight maintenance

Contraindications & Blood Pressure

Check every item that applies. Some items are contraindications; others require additional physician review.

4. CONTRAINDICATIONS / CONDITIONS REQUIRING REVIEW

- I am pregnant, think I may be pregnant, am trying to become pregnant, or am breastfeeding.
- I or a family member have had medullary thyroid carcinoma (MTC).
- I have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- I have had a serious allergic reaction to semaglutide, tirzepatide, or a GLP-1/GIP medicine.
- I have a history of pancreatitis.
- I have gallstones, gallbladder disease, or prior gallbladder inflammation.
- I have severe gastroparesis, severe delayed stomach emptying, or another severe GI disorder.
- I have significant kidney disease, reduced kidney function, dialysis, or prior acute kidney injury.
- I have significant liver disease.
- I have type 1 diabetes.
- I use insulin or a sulfonylurea (e.g., glipizide, glyburide, glimepiride).
- I have diabetic retinopathy or diabetic eye disease.
- I have an eating disorder or a history of an eating disorder.
- I have had bariatric/weight-loss surgery or another major stomach/intestine surgery.
- I have a planned surgery/procedure requiring general anesthesia or deep sedation.
- I have another serious medical condition that may affect weight-loss treatment.

☐ **NONE OF THE ABOVE APPLY TO ME** (Select only if no item above applies.)

5. BLOOD PRESSURE

Select the range that best reflects your most recent blood pressure:

- ○ Usually below 120/80
- ○ Usually 120-129 and below 80
- ○ Usually 130-139 or 80-89
- ○ Usually 140-159 or 90-99
- ○ Usually 160/100 or higher
- ○ I do not know / have not checked recently

Most recent reading (optional): _____ / _____ mmHg Date: _____ Home cuff Clinic/pharmacy

Medical History, Medications & Laboratory Results

Self-report laboratory values exactly as shown in your patient portal. Do not guess.

6. CURRENT MEDICAL HISTORY

- Diabetes / prediabetes
- High blood pressure
- High cholesterol
- Heart disease / heart attack / stroke
- Kidney disease
- Liver disease
- Thyroid disease (other than MTC/MEN 2)
- Sleep apnea
- PCOS
- Depression, anxiety, or other mental-health condition
- None of the above

7. MEDICATIONS & ALLERGIES

Current prescription medicines, OTC medicines, vitamins, and supplements:

Medication allergies or serious medication reactions:

8. RECENT LABORATORY RESULTS - SELF-REPORT IF AVAILABLE

Test	Result	Units (if shown)	Date drawn
AST			
ALT			
BUN			
Creatinine			
TSH			

Don't have recent lab work?

That is okay. If testing is medically appropriate, SelfPayMD can provide a generic laboratory order/slip at your first visit. Testing requirements are determined individually by the treating physician.

Safety, Additional Information & Acknowledgment

This questionnaire organizes information before your visit; it does not replace a medical evaluation.

9. SAFETY CHECK

Are you currently experiencing any of the following? Check all that apply:

- ☐ Severe or persistent abdominal pain
- ☐ Repeated vomiting / inability to keep fluids down
- ☐ Yellowing of the skin or eyes
- ☐ Severe dehydration or fainting
- ☐ New neck mass, trouble swallowing, persistent hoarseness, or unexplained breathing difficulty
- ☐ None of the above

IMPORTANT: If you have severe or rapidly worsening symptoms or believe you may have a medical emergency, seek urgent/emergency care rather than waiting for a telemedicine visit.

10. ADDITIONAL INFORMATION

What is your main goal for treatment?

Anything else you want the physician to know before your visit?

11. ACKNOWLEDGMENT

I understand that this is a pre-screening worksheet only. Medication selection and eligibility require a clinician's review of my medical history, current medicines, contraindications, risks, laboratory information when appropriate, and other information obtained during the visit. Completion of this form does not guarantee that a GLP-1 or any other medication will be prescribed.

☐ **I have read and understand the acknowledgment above.**

12. SAVE & UPLOAD

1. Review your answers and make sure you did not enter identifying information.
2. Save the completed PDF to your device.
3. Upload it only through your secure SelfPayMD patient portal.
4. Do not send the completed form by ordinary email.