

Pre-Treatment Safety Checklist

Complete this checklist before initiating peptide therapy to ensure patient safety.

Patient Assessment

- ☐ Complete medical history reviewed
- ☐ Current medications documented
- ☐ Allergies verified (especially to peptides/proteins)
- ☐ Contraindications screened
- ☐ Pregnancy/nursing status confirmed (if applicable)

Laboratory Work

- ☐ Baseline labs ordered/reviewed:
 - ☐ Complete metabolic panel
 - ☐ Lipid panel
 - ☐ Hormone panel (as indicated)
 - ☐ HbA1c (for GLP-1 agonists)
 - ☐ Other: _____

Patient Education

- ☐ Treatment goals discussed
- ☐ Expected benefits explained
- ☐ Potential risks/side effects reviewed
- ☐ Injection technique demonstrated
- ☐ Storage instructions provided
- ☐ Follow-up schedule established

Documentation

- ☐ Informed consent signed
- ☐ Treatment plan documented
- ☐ Prescription written
- ☐ Patient received supplies

Provider Verification

Peptide Education Hub

Provider Name: _____

Signature: _____

Date: _____