

Patient Consent Form

Peptide Therapy Informed Consent

Patient Information

Patient Name:

Date of Birth:

Date:

Medical Record Number:

Treatment Information

Prescribed Peptide(s):

Dosage & Frequency:

Route of Administration:

Expected Duration of Treatment:

Prescribing Provider:

Informed Consent

I, the undersigned patient, hereby consent to receive peptide therapy as prescribed by my healthcare provider. I acknowledge that I have been informed of and understand the following:

Nature of Treatment

- ☐ Peptide therapy involves the administration of bioactive peptides for therapeutic purposes
- ☐ Many peptides used in clinical practice are considered investigational or off-label
- ☐ The FDA has not approved all peptides for the specific condition being treated
- ☐ Treatment outcomes vary and cannot be guaranteed

Potential Benefits

- ☐ Improved healing and tissue repair
- ☐ Enhanced hormonal balance and metabolic function
- ☐ Weight management support
- ☐ Improved cognitive function and neuroprotection
- ☐ Anti-aging and longevity benefits
- ☐ Other:

Potential Risks and Side Effects

☐

Injection site reactions (redness, swelling, bruising, pain)

- ☐ Nausea, headache, dizziness, or fatigue
- ☐ Allergic reactions (rare but possible)
- ☐ Changes in blood glucose levels
- ☐ Fluid retention or joint pain
- ☐ Unknown long-term effects for some peptides
- ☐ Other peptide-specific risks discussed: _____

Patient Acknowledgments

- ☐ I have been given the opportunity to ask questions and all questions have been answered to my satisfaction
- ☐ I understand that I may withdraw consent at any time without penalty
- ☐ I agree to follow the prescribed dosing schedule and administration instructions
- ☐ I will report any adverse effects to my healthcare provider immediately
- ☐ I understand that regular follow-up appointments and lab work may be required
- ☐ I will not share my prescribed peptides with others
- ☐ I understand the importance of proper storage and handling of peptide medications
- ☐ I have disclosed all current medications, supplements, and medical conditions

Contraindications Reviewed

- ☐ Active cancer or history of cancer (for growth-promoting peptides)
- ☐ Pregnancy or planned pregnancy
- ☐ Breastfeeding
- ☐ Known hypersensitivity to peptide components
- ☐ Severe hepatic or renal impairment
- ☐ Active infection (for immunomodulating peptides)
- ☐ None identified

Signatures

Patient Signature:

Date:

Provider Signature:

Date:

Witness Signature (if applicable):

Date:
