

# Pre-Treatment Safety Checklist

Comprehensive Patient Screening for Peptide Therapy

## Patient Assessment

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

### Medical History Review

- ☐ Complete medical history reviewed and documented
- ☐ Current medications documented (including OTC and supplements)
- ☐ Allergies verified (especially to peptides, proteins, or excipients)
- ☐ Previous peptide therapy history reviewed
- ☐ Surgical history reviewed
- ☐ Family history of cancer, autoimmune disease, or endocrine disorders

### Contraindication Screening

- ☐ No active malignancy or history of cancer (for GH-releasing peptides)
- ☐ Not pregnant or planning pregnancy
- ☐ Not breastfeeding
- ☐ No known hypersensitivity to prescribed peptide
- ☐ No severe hepatic impairment (Child-Pugh C)
- ☐ No severe renal impairment (eGFR <15)
- ☐ No active diabetic retinopathy (for GLP-1 agonists)
- ☐ No personal/family history of medullary thyroid carcinoma (for GLP-1s)
- ☐ No history of MEN2 syndrome (for GLP-1 agonists)
- ☐ No active pancreatitis (for GLP-1 agonists)
- ☐ No uncontrolled hypertension
- ☐ No active infection requiring treatment (for immunomodulators)

### Drug Interaction Check

- ☐ No significant drug interactions identified
- ☐ Insulin/sulfonylurea dose adjustment planned (if on GLP-1)
- ☐ Anticoagulant monitoring planned (if applicable)
- ☐ Immunosuppressant interaction reviewed (if applicable)
- ☐ Interactions documented: \_\_\_\_\_

## Laboratory Work

---

### Required Baseline Labs

- ☐ Complete Metabolic Panel (CMP)
- ☐ Complete Blood Count (CBC)
- ☐ Lipid Panel
- ☐ HbA1c (required for GLP-1 agonists)
- ☐ Thyroid Panel (TSH, Free T3, Free T4)

### Recommended Additional Labs

- ☐ IGF-1 (for growth hormone peptides)
- ☐ Hormone Panel (Testosterone, Estradiol, DHEA-S)
- ☐ Inflammatory Markers (CRP, ESR)
- ☐ Vitamin D, B12, Folate
- ☐ Iron Studies (Ferritin, TIBC)
- ☐ Insulin / C-Peptide (for metabolic peptides)
- ☐ Cortisol (AM)
- ☐ PSA (males over 40, for GH peptides)

### Lab Results Reviewed

- ☐ All results within acceptable range for treatment initiation
- ☐ Abnormalities addressed: \_\_\_\_\_

## Patient Education Completed

---

- ☐ Treatment goals and expectations discussed
- ☐ Potential benefits and risks explained
- ☐ Injection technique demonstrated and patient return-demonstrated
- ☐ Storage and handling instructions provided
- ☐ Side effect management discussed
- ☐ Emergency contact information provided
- ☐ Follow-up schedule established
- ☐ Written patient education materials provided

## Documentation

---

- ☐ Informed consent signed and filed
- ☐ Treatment protocol documented in chart
- ☐ Prescription entered in system
- ☐ Follow-up appointment scheduled
- ☐ Patient given copy of protocol and instructions

## Provider Clearance

---

I have reviewed the above checklist and confirm that the patient has been appropriately screened for peptide therapy. All contraindications have been addressed and the patient is cleared to begin treatment.

Provider Signature:

---

Date:

---

Provider Name (Print):

---

NPI/License #:

---