

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:
