

HAVE YOU HAD ANY CHANGES IN YOUR WEIGHT?

Losing a good amount

Losing a little

About the same

Gaining weight

WHAT IS YOUR CURRENT WEIGHT ?

WHEN STARTING A NEW MEDICATION, OR INCREASING YOUR DOSING, IT IS COMMON TO EXPERIENCE MILD STOMACH FULLNESS, REFLUX. HOW SEVERE WOULD YOU CHARACTERIZE YOUR GI SYMPTOMS:

None

Mild

Moderate

Severe

HAVE YOU EXPERIENCED ANY ABDOMINAL PAIN, REFLUX, BLOATING ?

Yes

No

ARE YOU EXPERIENCING ANY CHEST PAIN, ARE YOU HAVING ANY HEART PALPITATIONS, OR RACING HEART ?

Yes

No

HAVE YOU HAD ANY MOOD CHANGES OR SUICIDAL THOUGHTS?

Yes

No

HAVE YOU EXPERIENCED ANY SEIZURES ?

Yes

No

HAVE YOU EXPERIENCED ANY MAJOR CHANGES TO HEALTH OVERALL ?

Yes

No

HAVE YOU BEEN STARTED ON ANY NEW MEDICATIONS ?

Yes

No

HAVE YOU BEEN HOSPITALIZED ?

Yes

No

HAVE YOU EXPERIENCED ANY OTHER SIDE EFFECTS (INCLUDING SEIZURES) OR SYMPTOMS YOU WANT TO LET THE DOCTOR KNOW ABOUT ?

Yes

No

HOW WOULD YOU DESCRIBE YOUR APPETITE ?

Same

slightly less

Decreased but I'm ok with it

Decreased and concerned

HAVE YOU EXPERIENCED AN EMERGENCY EPISODE OF LOW BLOOD SUGAR?"

Yes

No

Not Sure

DO YOU THINK YOU ARE READY FOR A HIGHER DOSE OF MEDICATION ?

Yes, I'm having mild or no side effects

No, I'd like to stay at this dose for another 2-3 months

No, and I'd like to decrease

WHAT ARE THE NAMES AND DOSES OF MEDICATION YOU ARE CURRENTLY TAKING (ALL MEDICATIONS PRESCRIBED BY YOUR DOCTORS THAT YOU ARE REGULARLY TAKING) ?

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