

HAVE YOU HAD ANY CHANGES IN YOUR WEIGHT?

Losing a good amount

losing a little

About the same

Gaining 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

ABDOMINAL PAIN, REFLUX, BLOATING ?

Yes

No

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

ANY MOOD CHANGES ?

Yes

No

ANY SEIZURES ?

Yes

No

ANY MAJOR CHANGES TO HEALTH OVERALL ?

Yes

No

HAVE YOU BEEN STARTED ON ANY NEW MEDICATIONS ?

Yes

No

HAVE YOU BEEN HOSPITALIZED ?

Yes

No

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 HAD AN 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 to no side effects, and no significant weight loss

No, I'd like to stay on this dose for another month

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) ?

WHAT IS YOUR CURRENT WEIGHT ?

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