CAFEITY · FREE PRINTABLE

Questions for my GLP-1 appointment

Tick what you want to ask, cross out what does not apply, and add your own.

Date _____

With _____

Tell them about

- [ ] Pancreas problems
- [ ] Severe stomach or digestion problems
- [ ] Diabetic eye disease
- [ ] Planned surgery or sedation
- [ ] Pregnancy plans or breastfeeding
- [ ] Birth control pills
- [ ] All other medicines and supplements
- [ ] Thyroid cancer (MTC) or MEN 2 in the family
- [ ] Past allergic reactions

Before starting

- [ ] Why this medicine and this form for me?
- [ ] How will the dose change over the first months, and who decides when?
- [ ] Which side effects should make me call you — and who do I call out of hours?
- [ ] What do I do if I miss a dose?
- [ ] Does it affect my other medicines or my contraception?
- [ ] How do I store it, including when travelling?

Side effects and stopping

- [ ] This side effect has lasted ____ — is that expected?
- [ ] Can I take something for it, and is it safe with my other medicines?
- [ ] What happens to my weight and appetite if I stop?
- [ ] What should I do before surgery or a planned pregnancy?

At follow-ups

- [ ] Is my progress what you would expect by now? How are you judging it?
- [ ] When will we review whether to continue, change or stop?
- [ ] Is my eating enough, especially protein? Should I see a dietitian?
- [ ] Should I be doing strength training?
- [ ] Do I need any blood tests?
- [ ] Do any of my other medicines need to change?

MY OWN QUESTIONS

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A record for your own use. Not medical advice — follow the instructions from your prescriber and the leaflet in your medicine's box.