Free template • For practice staff

GLP-1 titration log

A per-patient record of each dose given, the patient's weight, side effects reported and the next review date, with the FDA label dose steps beside it for reference only.

The 14 fields on every row

1	**Practice and patient identifier**	Practice name, patient name, date of birth, record number.
2	**Visit date**	Date the dose was given. Every label interval counts from it.
3	**Product and presentation**	Brand, strength, pen, vial or KwikPen.
4	**Dose given**	Dose in mg, exactly as administered.
5	**Label step number**	Step on the product's label ladder, such as 2 of 5.
6	**Weeks since last dose**	Interval since the previous row.
7	**Weight**	Measured at this visit, with units.
8	**Side effects reported**	Patient's words, plus the warning checklist.
9	**Missed dose (Y/N) and action**	What was done under that label's rule.
10	**Lot number and expiry**	Where the practice dispenses from its own stock.
11	**Administered by**	Name and role of the person who gave the dose.
12	**Prescriber or medical director review**	Initials and date before the next step.
13	**Next review date**	Set by the clinician from the label's minimum interval.
14	**Notes**	Delayed steps and reasons, contraception counseling at step-ups.

How to fill in the log at each visit

1. Confirm the product and presentation against the last row and the current order.
2. Count the weeks since the last dose and compare with the label's minimum interval and missed-dose window.
3. Record any missed dose: mark Y or N and write the action taken under that label's rule.
4. Weigh the patient on the same scale and in the same units as before.
5. Ask about side effects, then tick or clear each warning on the checklist.
6. Record the dose in mg, the label step number, who gave it, and lot and expiry where stock applies.
7. Get the prescriber or medical director's initials and date on the row.
8. The clinician reads the minimum interval off the label and writes the next review date by hand.

Start at the first dose. Keep one log for the whole course, through maintenance, pauses and product changes. A restart or a change of product starts a new run of rows. For Wegovy tablets, use one row per review visit with the current daily dose and day count.

Review before use. Have your medical director and legal counsel review this form before the team uses it, because supervision and delegation rules vary by state. The log records doses given. Keep efficacy and outcome notes out of it.

Titration log – dose record

Sheet 1

Practice: _____ Patient name: _____ DOB: _____ Record no.: _____ Product: _____

Visit date	Product & presentation	Dose given (mg)	Label step #	Weeks since last dose	Weight (units)	Side effects reported	Missed dose Y/N + action	Lot no. & expiry	Given by (name, role)	Review initials & date	Next review date	Notes

One row per dose given or reviewed. Fill the weeks-since-last-dose, missed-dose and review columns **before** recording the dose. The clinician writes the next review date by hand from the label's minimum interval.

Titration log – dose record

Practice: _____ Patient name: _____ DOB: _____ Record no.: _____ Product: _____

Visit date	Product & presentation	Dose given (mg)	Label step #	Weeks since last dose	Weight (units)	Side effects reported	Missed dose Y/N + action	Lot no. & expiry	Given by (name, role)	Review initials & date	Next review date	Notes

One row per dose given or reviewed. Fill the weeks-since-last-dose, missed-dose and review columns **before** recording the dose. The clinician writes the next review date by hand from the label's minimum interval.

FDA label dose-escalation steps (reference only)

Product	Label step ladder	Label rule on missed doses and minimum interval	Label dates (DailyMed)
Wegovy injection (semaglutide), weekly	Weeks 1-4: 0.25 mg. Weeks 5-8: 0.5 mg. Weeks 9-12: 1 mg. Weeks 13-16: 1.7 mg. Week 17 on: maintenance by indication.	Next dose more than 2 days away: give the missed dose. Less than 2 days away: skip it. Two or more missed in a row: reinitiate escalation at a lower dosage.	Revised 6/2026 Checked Nov 25, 2026
Wegovy tablets (semaglutide), daily	Days 1-30: 1.5 mg. Days 31-60: 4 mg. Days 61-90: 9 mg. Day 91 on: 25 mg.	A missed tablet is skipped, and the next dose is taken the following day.	Same Wegovy label, revised 6/2026 Checked Nov 25, 2026
Ozempic (semaglutide), weekly	0.25 mg for 4 weeks, then 0.5 mg. Then 1 mg after at least 4 weeks, then 2 mg after at least 4 weeks. Maximum 2 mg.	Give a missed dose within 5 days, otherwise skip it. The weekly day can change if doses are at least 2 days (more than 48 hours) apart.	Updated June 1, 2026 Checked Nov 25, 2026
Zepbound (tirzepatide), weekly	2.5 mg for 4 weeks, then 5 mg. Then 2.5 mg increments: 7.5, 10, 12.5 and 15 mg. Maximum 15 mg.	Step up only after at least 4 weeks on the current dose. Give a missed dose within 4 days (96 hours), otherwise skip it. Doses at least 3 days (72 hours) apart.	Revised 11/2026 Checked Nov 25, 2026
Mounjaro (tirzepatide), weekly	Start at 2.5 mg. Increase in 2.5 mg increments up to 15 mg in adults, or 10 mg in pediatric patients.	Step up only after at least 4 weeks on the current dose. Give a missed dose within 4 days (96 hours), otherwise skip it. Doses at least 3 days apart.	Revised 11/2026 Checked Nov 25, 2026

The table shows the labels' own steps. The log records which one was given. Compounded products and any schedule outside these labels are out of scope for this form. Maintenance by indication follows each label. Both tirzepatide labels (section 7.2) advise patients on oral hormonal contraceptives to switch to a non-oral method or add a barrier method for 4 weeks after starting and 4 weeks after each dose escalation. Note that counseling on each step-up row.

Warnings checklist: review at every dose step

Section numbers in each label

Warning (label section 5)	Wegovy	Ozempic	Zepbound	Mounjaro	Asked at visit (write the date)				
	Section number				____	____	____	____	____
Risk of thyroid C-cell tumors	5.1	5.1	5.1	5.1	☐	☐	☐	☐	☐
Acute pancreatitis	5.2	5.2	5.5	5.2	☐	☐	☐	☐	☐
Acute gallbladder disease	5.3	5.9	5.4	5.8	☐	☐	☐	☐	☐
Hypoglycemia	5.4	5.5	5.7	5.3	☐	☐	☐	☐	☐
Acute kidney injury due to volume depletion	5.5	5.6	5.3	5.5	☐	☐	☐	☐	☐
Severe gastrointestinal adverse reactions	5.6	5.7	5.2	5.6	☐	☐	☐	☐	☐
Hypersensitivity reactions	5.7	5.8	5.6	5.4	☐	☐	☐	☐	☐
Diabetic retinopathy complications	5.8	5.3	5.8	5.7	☐	☐	☐	☐	☐
Heart rate increase	5.9	–	–	–	☐	☐	☐	☐	☐
Pulmonary aspiration during general anesthesia or deep sedation	5.10	5.10	5.10	5.10	☐	☐	☐	☐	☐
Sudden decrease or loss of vision (NAION)	–	–	5.9	5.9	☐	☐	☐	☐	☐
Never share a pen between patients	5.11	5.4	5.11	5.11	☐	☐	☐	☐	☐

The checklist records that each item was asked about. What to do with a positive answer is the prescriber's call, made from the full label. An en dash means the warning has no matching section in that label.