Semaglutide Consent Form

Informed consent for injectable semaglutide (Wegovy, Ozempic or compounded semaglutide)

FOR THE PRACTICE — DO NOT GIVE THIS PAGE TO PATIENTS

Review this form with your medical director and legal counsel before use. This template covers injectable semaglutide only. Section numbers refer to the Wegovy (semaglutide) injection prescribing information, revised 06/2026, on DailyMed. The Ozempic label, revised 05/2026, numbers its sections differently.

HOW THIS FORM IS BUILT

- Every risk line carries the section of the FDA prescribing information it comes from and that label's revision date.
- Each of the 16 sections ends with an initials box, so the patient confirms each section separately.
- Sections 5 and 14 are left blank for your medical director's exclusion criteria and your own financial terms.
- Section 11 applies only when the prescriber ticks compounded semaglutide in Section 3.
- Before each use, record the label revision you checked on the next page. Re-check it when DailyMed shows a newer revision.
- Print from page 2 onward for patients.

SECTIONS

1. Patient details
2. Medical history and current medications
3. Product prescribed
4. Label contraindications
5. Practice exclusion criteria
6. Boxed warning: thyroid C-cell tumors
7. Warnings and precautions
8. Common side effects
9. Pregnancy and breastfeeding
10. Dosing and missed doses
11. Compounded semaglutide
12. Dose-step check-ins
13. When to stop and call
14. Financial terms
15. Questions, alternatives and my right to stop
16. Signatures

SOURCES FOR THIS TEMPLATE

1. Wegovy (semaglutide) injection prescribing information, revised 06/2026, DailyMed
2. Ozempic (semaglutide) injection prescribing information, revised 05/2026, DailyMed
3. FDA, "FDA's concerns with unapproved GLP-1 drugs used for weight loss", content current as of 10/01/2026
4. FDA, "FDA clarifies policies for compounders as national GLP-1 supply begins to stabilize", content current as of 04/01/2026
5. FDA, dosing-error alert on compounded semaglutide, content current as of 07/26/2024
6. FDA, "FDA to telehealth companies: what to know when promoting compounded drugs", content current as of 06/15/2026

Semaglutide Consent Form

Practice name: _____ Phone: _____

Label version checked: Wegovy prescribing information revision _____ (this template: 06/2026)

Ozempic prescribing information revision _____ (this template: 05/2026)

Date checked: _____ mm / dd / yyyy Checked by: _____

1 Patient details

Full legal name: _____

Date of birth: _____ mm / dd / yyyy Phone: _____

Email: _____

Address: _____

Emergency contact (name and phone): _____

Patient initials _____

2 Medical history and current medications

Tick Yes or No for each item.

Type 2 diabetes	☐ Yes	☐ No
History of diabetic retinopathy (eye damage from diabetes)	☐ Yes	☐ No
History of pancreatitis	☐ Yes	☐ No
Gallbladder disease or gallstones	☐ Yes	☐ No
Kidney disease	☐ Yes	☐ No
Severe gastroparesis or another severe stomach or bowel problem	☐ Yes	☐ No
Surgery or a procedure with anesthesia or deep sedation planned — Date: _____	☐ Yes	☐ No
Pregnant, possibly pregnant, or planning pregnancy in the next 2 months	☐ Yes	☐ No
Breastfeeding	☐ Yes	☐ No
Taking insulin	☐ Yes	☐ No
Taking a sulfonylurea (for example glipizide or glimepiride)	☐ Yes	☐ No
Taking any other semaglutide product or other GLP-1 medicine	☐ Yes	☐ No

All current medicines and supplements:

Allergies and past reactions to medicines:

Patient initials ☐

3 Product prescribed

Prescriber ticks one

☐ **Wegovy (semaglutide) injection**

Presentation: ☐ single-dose pen ☐ single-dose syringe ☐ FlexTouch pen

☐ **Ozempic (semaglutide) injection**

☐ **Compounded semaglutide — Section 11 must be completed**

Prescriber initials ☐

4 Label contraindications

Prescribing information section 4, revised 06/2026

I confirm that none of these apply to me:

- I have no personal or family history of medullary thyroid carcinoma (MTC).
- I do not have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- I have never had a serious allergic reaction to semaglutide or to any ingredient in the product.

Patient initials ☐

5 Practice exclusion criteria

Set by the medical director

These criteria are this practice's own policy. They are not FDA label contraindications.

1. _____

2. _____

3. _____

Medical director name: _____ Date set: _____ mm / dd / yyyy

Patient initials ☐

6 Boxed warning: thyroid C-cell tumors

Boxed Warning and section 5.1, revised 06/2026

- In rodents, semaglutide causes thyroid C-cell tumors.
- It is unknown whether semaglutide causes these tumors, including MTC, in people.
- I will report a lump or swelling in my neck, hoarseness, trouble swallowing or shortness of breath.

Patient initials ☐

7 Warnings and precautions

Section 5, revised 06/2026

I understand these risks:

- **5.2 Acute pancreatitis.** If I have severe stomach pain that will not go away, sometimes reaching my back, I will stop the medicine and call my prescriber.
- **5.3 Gallbladder disease, including gallstones.** I will report upper stomach pain, fever, yellow skin or eyes, or clay-colored stools.
- **5.4 Low blood sugar.** The risk is higher if I also take insulin or a sulfonylurea.
- **5.5 Kidney injury from dehydration.** I will drink fluids and report nausea, vomiting or diarrhea that does not go away.
- **5.6 Severe stomach and bowel side effects.** I will report symptoms that are severe or do not go away.
- **5.7 Serious allergic reactions, including anaphylaxis and angioedema.** If my face, lips, tongue or throat swell, or I struggle to breathe or swallow, I will stop and get medical help right away.
- **5.8 Diabetic retinopathy complications in type 2 diabetes.** I will report any change in my vision.
- **5.9 Heart rate increase.** My heart rate will be checked, and I will report a racing or pounding heartbeat at rest.
- **5.10 Pulmonary aspiration during general anesthesia or deep sedation.** I will tell every provider that I take semaglutide before any planned surgery or procedure.
- **5.11 Never share a pen.** I will never share my FlexTouch pen with anyone, even if the needle is changed.

Patient initials ☐

8 Common side effects

Section 6.1, revised 06/2026

The most common side effects, seen in 5% or more of patients, are nausea, diarrhea, vomiting, constipation, abdominal pain, headache and fatigue. They also include dysesthesia, an altered skin sensation such as burning or sensitive skin.

The list continues with dyspepsia, dizziness, abdominal distension, belching, flatulence, gastroenteritis, gastroesophageal reflux disease and hair loss. Patients with type 2 diabetes may also have low blood sugar.

Patient initials ☐

9 Pregnancy and breastfeeding

Sections 8.1 to 8.3, revised 06/2026

- Semaglutide may cause harm to an unborn baby.
- I will tell my prescriber right away if I am pregnant or think I may be.
- If I plan to become pregnant, I will stop semaglutide at least 2 months beforehand, as my prescriber directs.
- Pregnancy exposure registry: Novo Nordisk, 1-877-390-2760.
- There are no data on injected semaglutide in breast milk. I will discuss breastfeeding with my prescriber.

Patient initials ____

10 Dosing and missed doses

Sections 2.2 and 2.4, revised 06/2026

- I will inject once a week, on the same day each week, under the skin of my abdomen, thigh or upper arm.
- I will rotate injection sites with each dose.
- My dose increases only on my prescriber's order, following the label's steps.
- **Missed dose with the next dose more than 2 days away:** I will take it as soon as possible.
- **Missed dose with the next dose less than 2 days away:** I will skip it and take the next dose on my usual day.
- **Two or more doses missed in a row:** I will not restart on my own. My prescriber will restart me at a lower dose.
- **Ozempic patients only:** The Ozempic label allows a missed dose within 5 days. After 5 days, I will skip it.

Patient initials ____

11 Compounded semaglutide

Complete only if ticked in Section 3

Prescriber completes:

Product name on the label: compounded semaglutide

Active ingredient confirmed as semaglutide base, not semaglutide sodium or semaglutide acetate: ☐ Yes

Compounding pharmacy name: _____ **State:** _____

Pharmacy type: ☐ 503A pharmacy ☐ 503B outsourcing facility

Concentration: _____ mg per mL **Prescribed dose:** _____ mg = _____ mL

Syringe supplied: _____ mL syringe **Vial first used:** _____

Discard by (28 days after first use): _____ mm / dd / yyyy

Prescriber's documented reason a compounded product is needed for this patient:

_____

_____

Patient confirms:

- I understand compounded semaglutide is not FDA approved. FDA does not review it for safety, effectiveness or quality.
- I understand it is not a generic version of, and not the same as, any FDA-approved semaglutide product.
- I will measure each dose in mg and mL as written above, never in "units".
- I will discard the vial 28 days after first use, even if medicine is left.
- I will use a new sterile needle and syringe for each dose.
- I will not use a vial that arrives warm or without enough cold packs.

Patient initials ____ Prescriber initials ____

12 Dose-step check-ins

I agree to a side-effect check-in before each label dose increase and after I reach my maintenance dose.

Check-in	Planned date	Done (staff initials)
End of week 4 (before 0.5 mg)	____ / ____	
End of week 8 (before 1 mg)	____ / ____	
End of week 12 (before 1.7 mg)	____ / ____	
End of week 16 (before maintenance)	____ / ____	
Maintenance, and before any increase to 7.2 mg	____ / ____	

Patient initials

13 When to stop and call

I will stop semaglutide and get medical help right away for signs of a serious allergic reaction.

I will stop semaglutide and call my prescriber right away for severe stomach pain that will not go away.

I will call my prescriber promptly about:

- Upper stomach pain, fever, yellow skin or eyes, or clay-colored stools
- Nausea, vomiting or diarrhea that does not go away
- Symptoms of low blood sugar, if I take insulin or a sulfonylurea
- A lump in my neck, hoarseness, trouble swallowing or shortness of breath
- A change in my vision, if I have type 2 diabetes
- A racing or pounding heartbeat at rest
- A known or possible pregnancy

Suspected side effects can also be reported to Novo Nordisk at 1-833-934-6891, or to FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Patient initials

14 Financial terms

The practice fills these in

Fee and what it covers: _____

When payment is due: _____

Refund and cancellation terms: _____

Patient initials

15 Questions, alternatives and my right to stop

- I had the chance to ask questions, and my questions were answered.
- My prescriber discussed alternatives with me, including not starting this medicine.
- No one has promised me any particular result.
- I agree to this treatment voluntarily. I may stop at any time and will tell the practice if I do.

Patient initials _____

16 Signatures

PATIENT

Signature: _____ Printed name: _____

Date: _____ mm / dd / yyyy

PARENT OR LEGAL GUARDIAN (PATIENTS UNDER 18)

Signature: _____ Printed name: _____

Relationship: _____ Date: _____ mm / dd / yyyy

PRESCRIBER

I have reviewed each section of this form with the patient and answered their questions.

Signature: _____ Printed name and credentials: _____

Date: _____ mm / dd / yyyy

INTERPRETER (IF USED)

Signature: _____ Language: _____

Date: _____ mm / dd / yyyy

STAFF USE ONLY

Form sent: _____ Form signed: _____

Label version checked at signing: _____

Re-consent needed (tick if any apply):

☐ Switch between branded and compounded ☐ New pharmacy ☐ New concentration ☐ New label revision

☐ Restart after 2+ missed doses