



1120 Juan Tabo Blvd. NE, Suite i, Albuquerque, NM 87112

# INTAKE FORM

Name	Date	
Date of Birth	Gender	
Address		
City	State	Zip Code
Email Address	Phone No	
Emergency Contact	Phone No	
How did you hear about us?		

## MEDICAL HISTORY

Please select any relevant conditions below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adrenal disorder             | <input type="checkbox"/> Diabetes (detail below) | <input type="checkbox"/> Kidney disorder/disease     |
| <input type="checkbox"/> Angioedema                   | <input type="checkbox"/> Diabetic retinopathy    | <input type="checkbox"/> Liver disorder              |
| <input type="checkbox"/> Anemia/blood disorder        | <input type="checkbox"/> Epilepsy/seizures       | <input type="checkbox"/> Mental health problems      |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Gastric/duodenum ulcer  | <input type="checkbox"/> Neurological disorder       |
| <input type="checkbox"/> Autoimmune condition         | <input type="checkbox"/> Gastroparesis           | <input type="checkbox"/> Pancreatitis/other disorder |
| <input type="checkbox"/> Blood clotting disorder      | <input type="checkbox"/> High blood pressure     | <input type="checkbox"/> Parathyroid disorder        |
| <input type="checkbox"/> Cancer/history of cancer     | <input type="checkbox"/> High blood cholesterol  | <input type="checkbox"/> Phlebitis                   |
| <input type="checkbox"/> Cholelithiasis               | <input type="checkbox"/> HIV/AIDS or Hepatitis   | <input type="checkbox"/> Renal failure               |
| <input type="checkbox"/> Deep vein thrombosis         | <input type="checkbox"/> IBD/IBS                 | <input type="checkbox"/> Substance abuse             |
| <input type="checkbox"/> Depression/suicidal ideation | <input type="checkbox"/> Infective endocarditis  | <input type="checkbox"/> Thyroid disease             |

Details or any other condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CLIENT INTAKE FORM

Have you or a family member been diagnosed with either of the following?

☐ Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2) ☐ Medullary Thyroid Carcinoma

If yes, please explain: \_\_\_\_\_

Are you allergic to any of the following? ☐ GLP-1 Receptor Agonists ☐ Sodium Phosphate

☐ Adhesives/latex Other allergens: ☐ No ☐ Yes: \_\_\_\_\_

Are you currently taking blood thinners (i.e., Aspirin/Warfarin), Bexarotene, Gatifloxacin, or any Diabetes medication (i.e. Insulin or sulfonylureas)?

☐ No ☐ Yes: \_\_\_\_\_

Have you had surgery in the past year? ☐ No ☐ Yes: \_\_\_\_\_

## FEMALE MEDICAL HISTORY

Are you currently: ☐ Pregnant ☐ Trying to conceive ☐ Breastfeeding ☐ Post-menopause

☐ Using contraceptives: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Date last menses:  Pregnancies:  Live births:

Please provide a list of all medications or supplements you take:

MEDICATION OR SUPPLEMENTS	DOSE	FREQUENCY	COMMENTS

# CLIENT INTAKE FORM

## HEALTH HABITS

Do you smoke? ☐ No ☐ Yes How many per day?  How long?

Do you drink alcohol on a regular basis? ☐ No ☐ Yes Weekly units:

How is your activity level? ☐ Sedentary ☐ Lightly active ☐ Moderately active  
☐ Very active

What methods or interventions have you used to lose weight previously?

☐ Diet ☐ Exercise ☐ Prescription medication ☐ Therapy ☐ Herbal supplements

Date of last physical:  Date of last blood work:

Relevant results:

What are your main motivations and concerns for wanting to lose weight with Tirzepatide?

---

---

What factors do you consider contribute to your experience of excess weight?

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Low energy	<input type="checkbox"/> Sedentary lifestyle
<input type="checkbox"/> Excess calories	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Sleep disruptions
<input type="checkbox"/> Family history	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Stress/busy lifestyle
<input type="checkbox"/> Hormonal changes	<input type="checkbox"/> Perimenopause	Other: <input type="text"/>

***By signing below, I acknowledge that I have provided complete and accurate information and understand that it will be used to assess my suitability for any treatment. I understand that it is my responsibility to inform the practitioner of any changes to my medical history or skincare routine. I agree to waive all liabilities of the practitioner or employer for any injury or damages incurred due to misrepresentation of my health history.***

Client Name (printed)

Client Name (signed)

Date

Witness Name (printed)

Witness Name (signed)

Date

# RELEASE FORM



## R E L E A S E F O R M

*photo & video*

I, \_\_\_\_\_ grant and authorize Body Beautiful NM LLC

the right to take, edit, alter, use and publish photographs and/or videos of me for the purpose of promotional materials, including but not limited to:

- Print advertisements
- Online marketing (websites, social media, blogs)
- Educational materials (brochures, flyers, presentations)

I acknowledge that all photographs and/or videos taken are the property of Body Beautiful NM LLC and will be used solely for the purposes stated above.

I understand that by signing this release form, I grant Body Beautiful NM LLC permission to take, edit, alter, use and publish my photographs and/or videos without any further compensation or consideration. I waive any rights to compensation, financial or otherwise, for the use of these photographs and/or videos.

i release Body Beautiful NM LLC, its representatives, and employees from any claims, damages or liabilities that may arise from the use of the photographs and/or videos, including any claims for compensation, defamation, or invasion of privacy.

By signing below, I acknowledge that I have read this release form, understand its content, and voluntarily agree to its terms.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Name (printed)	Client Name (signed)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness Name (printed)	Witness Name (signed)	Date

# POLICY FORM



## P O L I C Y F O R M *cancellation*

At Body Beautiful NM LLC, we strive to provide an exceptional standard of care. In order to achieve this, we kindly request your cooperation in adhering to our cancellation policy.

We understand that life can be unpredictable and unexpected circumstances may arise. However, we kindly ask that you provide us with at least 24 hours' notice if you need to cancel or reschedule your appointment. Your deposit will be refunded or applied to a new appointment.

Cancellations made within 24 hours of the scheduled appointment time are subject to a \$100 cancellation fee.

While we understand that unforeseen circumstances can occur, a missed appointment where no notice is given not only affects our ability to serve other clients but also results in lost time and resources. The full cost of the service is charged for these appointments.

We value your time as well as the time of our other clients. If you arrive more than 15 minutes late for your scheduled appointment, we may need to reschedule your session or shorten the treatment duration. The full price of the originally scheduled appointment will still apply.

We truly appreciate your understanding and cooperation in honoring our cancellation policy to ensure that each client receives the attention and quality service they deserve.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Name (printed)	Client Name (signed)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness Name (printed)	Witness Name (signed)	Date



# CONSENT FORM

## Tirzepatide / Semaglutide

I consent to taking Tirzepatide or Semaglutide injections as prescribed by my healthcare provider. Tirzepatide is a glucose-dependent insulinotropic polypeptide (GIP) receptor and GLP-1 receptor agonist, and Semaglutide is a GLP-1 receptor agonist for diabetes management, with off-label usage for chronic weight management. I have been informed of the correct administering method and dosage. I will not take this medication if I have a history of the following:

- ☐ You are pregnant or planning to conceive while using this medication.
- ☐ You have a personal or family history of Medullary Thyroid Carcinoma (Thyroid Cancer) or Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2).
- ☐ You have a history of pancreatitis, kidney failure/disease, liver failure/disease, digestive issues, or gastroparesis.
- ☐ You are allergic to Tirzepatide or any GLP-1 agonist medications (e.g., Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®), or you have other undisclosed allergies.
- ☐ You are diabetic, have retinopathy or take medication to lower blood sugar without consulting your endocrinologist.

**Common side effects:** nausea, diarrhea, decreased appetite, vomiting, constipation, abdominal pain, and indigestion.

**Severe side effects:** Contact your medical professional immediately if you experience the following:

- Severe stomach pain or changes.
- Eye and vision changes, including blurry vision.
- Symptoms of hypoglycaemia (dizziness, headache, increased hunger, raised heart rate, sweating, anxiety, irritability, and confusion).
- Kidney problems, including decreased urination, swelling in the ankles or feet, shortness of breath, and increased tiredness.
- Gallbladder pain or changes, including symptoms of chalky stool, upper abdominal pain, nausea and vomiting, bloating and heartburn.
- Signs of a thyroid tumor, with a lump or swelling in the neck, trouble swallowing, voice hoarseness, or shortness of breath. Contact your doctor immediately.

**Stop the medication and seek immediate medical attention** if you experience the following:

- Pancreatitis, with severe upper abdominal pain that radiates to the back, which may be accompanied by vomiting.
- Serious allergic reaction, with rash, itching, swelling of the face, tongue, or throat and trouble breathing.



# CONSENT FORM

## Tirzepatide / Semaglutide

**Possible drug interactions:** anti-diabetic agents (i.e., Insulin and Sulfonylureas) can lead to an increased risk of hypoglycemia (low blood sugar). Gatifloxacin also increases the risk of hypoglycaemia. Inform your provider of any medications that may lower blood sugar. Do not combine with other GLP-1 agonist medicines (i.e., Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®). Bexarotene increases the risk of pancreatitis and should not be taken alongside Tirzepatide or Semaglutide..

**Warnings:** Tirzepatide and Semaglutide may cause thyroid tumors, as well as the following serious side effects: pancreatitis, hypoglycaemia (low blood sugar), kidney problems, severe stomach pain and problems, changes in vision, gallbladder pain and issues, as well as allergic reactions.

If you take birth control pills, they may not work as effectively while taking Tirzepatide or Semaglutide. Discuss this with your healthcare provider to discuss the most appropriate options.

I acknowledge that Tirzepatide and Semaglutide are one part of a comprehensive lifestyle approach that includes a healthy diet and exercise, and regular follow-up visits to adjust dosages are necessary.

***By signing below, I confirm that I have been fully informed of the potential risks, benefits, and complications and I voluntarily agree to taking this medication. I have had the opportunity to ask questions, and all my concerns have been addressed to my satisfaction. I release Body Beautiful LLC and its constituents from any liability or claims arising from the treatment.***

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Name (printed)	Client Name (signed)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness Name (printed)	Witness Name (signed)	Date



## CARE ADVISE

### *tirzepatide / Semaglutide*

Your body will have optimal results when you maintain a regimen to support your health and well-being.

- **Storage:** Store the injections in the refrigerator and do not freeze. Throw away used needles in a hard, closed container, and keep this container away from children and pets.
- **Eating Habits for nausea:** Eat slowly and in smaller portions, drink clear liquids, and avoid lying down right after eating. Focus on foods that contain more water and maintain a regular meal schedule while limiting snacking between meals.
- **Fibrous Diet:** Emphasize a fibrous diet, including fruits and vegetables high in fiber.
- **Small, High-Protein Meals:** Opt for small, high-protein meals, as digestion is slowed down while on this medication.
- **Low-Fat Foods:** Avoid foods high in fat as they may contribute to nausea and vomiting. It's recommended to take injections before meals, rather than after, to minimize potential side effects from eating high-fat or high-sugar foods.
- **Limit Alcohol Intake:** Avoid alcohol consumption while taking these medications, as it can increase the risk of hypoglycemia, dehydration, nausea, and vomiting.
- **Caffeine:** Be cautious with caffeine consumption, as it may affect the action of these medications, leading to low blood sugar levels or dehydration.





## FAQ'S

### *Tirzepatide / Semaglutide*

#### WHAT IS TIRZEPATIDE AND SEMAGLUTIDE AND HOW CAN THEY HELP WEIGHT LOSS?

Tirzepatide is a GIP and GLP-1 receptor agonist, and Semaglutide is a GLP-1 receptor agonist, when administered as an injection, they help regulate appetite and food intake. The medication can assist adults with obesity or those who are overweight in their weight management journey.

#### HOW DO I TAKE THESE INJECTIONS?

Tirzepatide and Semaglutide are usually injected once a week. They come in a pre-filled pen, and you can administer the injection under the skin of your stomach, thigh, or upper arm. Your healthcare provider will guide you on the proper technique.

#### HOW LONG DO THEY TAKE TO WORK?

Both Tirzepatide and Semaglutides may start to show noticeable effects on weight loss within a few weeks of regular use. However, individual responses may vary. It's essential to stay committed to healthy eating habits and physical activity, to achieve the best and sustainable weight loss results.

#### DO THEY REALLY WORK?

Tirzepatide and/or Semaglutides are not a universal solution for everyone, but during clinical studies, those on the medication on average experienced between 5%-15% loss of body weight. For the best results, this treatment is most effective with healthy lifestyle changes.

#### WILL MY INSURANCE COVER THESE INJECTIONS?

Insurance companies may provide coverage for Tirzepatide or Semaglutides when it is prescribed for the treatment of type 2 diabetes. However, coverage for as a weight loss medication is not typical. However, it's always best to check with your insurance provider.



C L I E N T   R E C O R D

*medications*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

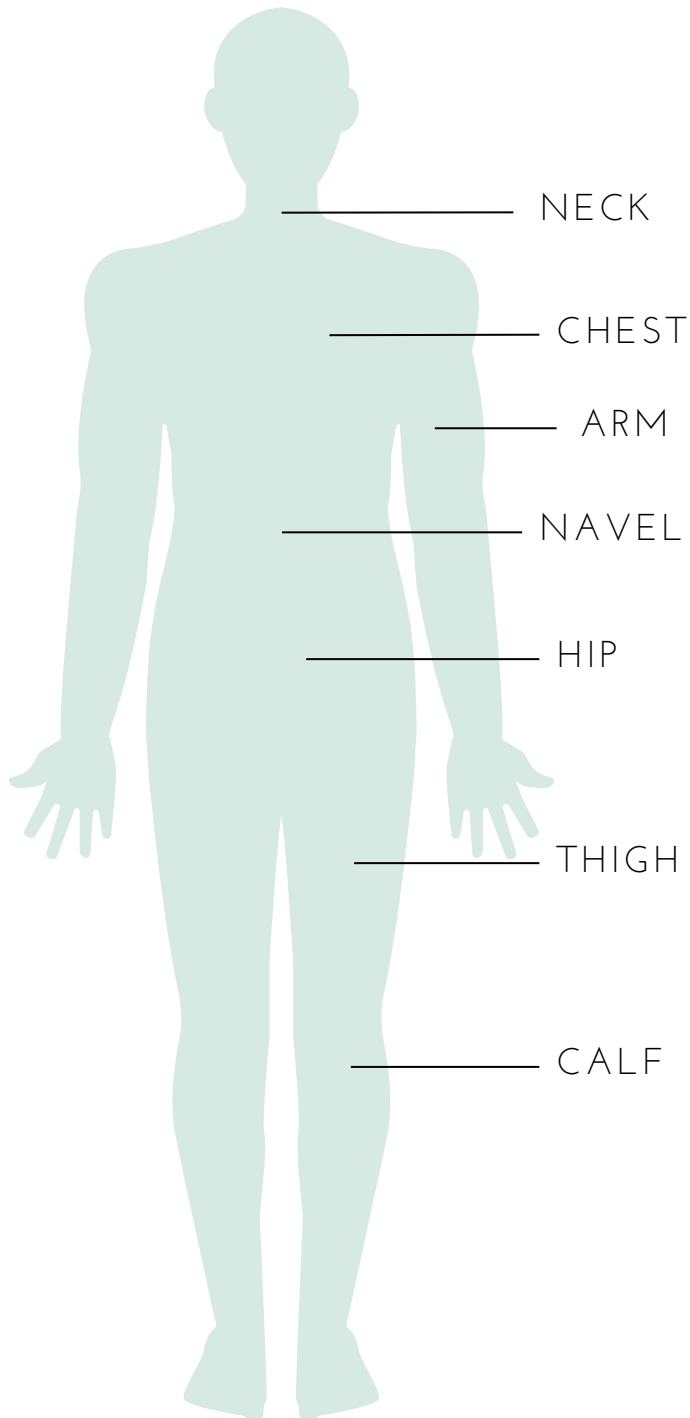
Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

MEDICATION OR SUPPLEMENT	DOSE	FREQUENCY	COMMENTS



# CLIENT RECORD

## measurements

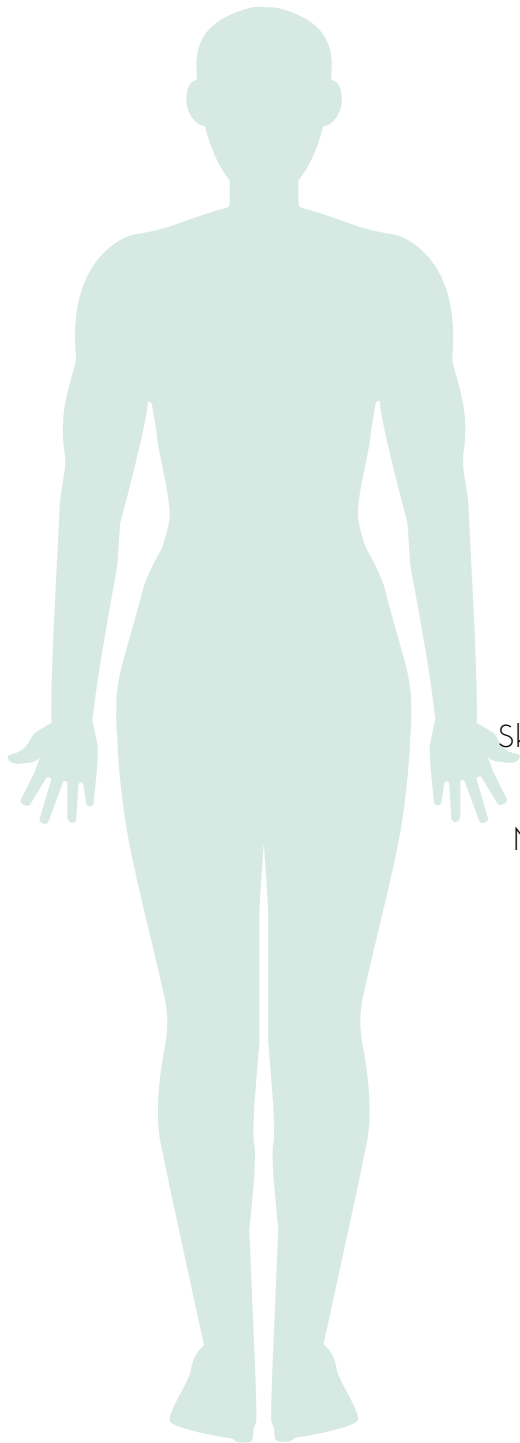


BEFORE		AFTER	
Date: <input type="text"/>		Date: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# CLIENT RECORD

## measurements



	BEFORE	AFTER
	Date:	Date:
Weight		
BMI		
Body Fat %		
SQ fat %		
Visceral fat		
Skeletal Muscle %		
Muscle Mass %		
Bone Mass		
Metabolic Age		