



BRT Clinical Nursing Services, Inc.

Adult Obesity & GLP-1/GIP Medication Screening Form

For adults being evaluated for chronic weight-management pharmacotherapy

Completion of this form does not guarantee that medication will be prescribed. Final eligibility requires clinician review, examination, appropriate laboratory testing, and verification of the current FDA prescribing information.

1. Patient Information

Field	Information	Field	Information
Patient name		Date of birth	
Age		Sex assigned at birth	☐ Female ☐ Male
Pronouns		Date of evaluation	
Phone		Email	
Primary care clinician		Pharmacy	
Emergency contact		Phone	

2. Current Measurements

Measurement	Result
Height	_____ ft _____ in / _____ cm
Weight	_____ lb / _____ kg
BMI	_____ kg/m ²
Waist circumference, if obtained	_____ in / _____ cm
Blood pressure	_____ / _____ mmHg
Heart rate	_____ bpm
Oxygen saturation, if indicated	_____ %

BMI classification:

- | | |
|--|---|
| ☐ Overweight: 25.0-29.9 | ☐ Class I obesity: 30.0-34.9 |
| ☐ Class II obesity: 35.0-39.9 | ☐ Class III obesity: ≥40.0 |

3. Preliminary Medication Eligibility

Check the applicable category:

- ☐ BMI ≥30 kg/m²
- ☐ BMI ≥27 kg/m² with at least one weight-related medical condition
- ☐ Does not currently meet standard BMI-based criteria

Alternative indication or treatment rationale: _____

Standard adult indications generally include BMI ≥30 kg/m² or BMI ≥27 kg/m² with at least one weight-related condition, together with nutrition, physical activity, and behavioral intervention.



4. Weight History and Goals

Current weight	Highest adult weight	Age	Lowest adult weight	Age	Weight one year ago
_____ lb	_____ lb	_____	_____ lb	_____	_____ lb

When did weight become a concern:

Recent weight pattern:

- ☐ Increasing ☐ Stable ☐ Decreasing ☐ Frequent cycling

Possible contributors to weight gain:

- ☐ Pregnancy/postpartum ☐ Menopause/perimenopause
☐ Injury or limited mobility ☐ Medical illness
☐ Stress, grief, or trauma ☐ Sleep problems
☐ Medication-associated weight gain ☐ Change in employment or lifestyle
☐ Other:
-

Patient's primary treatment goals:

- ☐ Improve overall health ☐ Improve diabetes or prediabetes
☐ Improve blood pressure or cholesterol ☐ Improve mobility or pain
☐ Improve sleep apnea ☐ Prepare for surgery or fertility treatment
☐ Reduce cardiovascular risk ☐ Weight goal: _____ lb
☐ Other:
-

5. Previous Weight-Management Treatment

Nutrition and behavioral treatment

- ☐ Calorie-reduced eating plan ☐ Registered dietitian
☐ Commercial weight-management program ☐ Meal-replacement program
☐ Intermittent fasting ☐ Behavioral therapy
☐ Increased physical activity ☐ No structured program attempted

Programs attempted, duration, and results:

Previous medications

Medication	Dose/duration	Weight change	Side effects/reason stopped



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☐ Previous bariatric procedure Procedure/date: _____ Outcome: _____

6. Weight-Related Medical Conditions

Check all that apply:

- | | |
|--|---|
| ☐ Prediabetes | ☐ Type 2 diabetes |
| ☐ Type 1 diabetes | ☐ Hypertension |
| ☐ Dyslipidemia | ☐ Coronary artery disease |
| ☐ Prior myocardial infarction | ☐ Heart failure |
| ☐ Stroke or TIA | ☐ Peripheral arterial disease |
| ☐ Obstructive sleep apnea | ☐ Metabolic dysfunction-associated steatotic liver disease |
| ☐ Polycystic ovary syndrome | ☐ Osteoarthritis or weight-related joint pain |
| ☐ Gastroesophageal reflux disease | ☐ Chronic kidney disease |
| ☐ Urinary incontinence | ☐ Infertility |
| ☐ Depression or anxiety | ☐ Other: _____ |

Diabetes complications, if applicable:

- | | |
|---|---|
| ☐ Diabetic retinopathy | ☐ Neuropathy |
| ☐ Nephropathy | ☐ History of severe hypoglycemia |
| ☐ None known | |

7. GLP-1/GIP Safety Screening

A. Do not initiate until reviewed by the prescribing clinician

Question	Yes	No	Unsure
Personal history of medullary thyroid carcinoma (MTC)?	☐	☐	☐
Family history of MTC?	☐	☐	☐
Multiple Endocrine Neoplasia syndrome type 2 (MEN2)?	☐	☐	☐
Serious allergic reaction to semaglutide, tirzepatide, liraglutide, or an ingredient in the proposed product?	☐	☐	☐
Currently pregnant or possibly pregnant?	☐	☐	☐
Actively attempting pregnancy?	☐	☐	☐
Currently breastfeeding?	☐	☐	☐

Personal/family history of MTC, MEN2, and serious hypersensitivity are labeled contraindications for semaglutide and tirzepatide weight-management products. Weight-loss treatment should be discontinued when pregnancy is recognized.



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B. Conditions requiring individualized risk assessment

History or current condition	Yes	No	Details
Pancreatitis	☐	☐	
Gallstones, cholecystitis, or gallbladder surgery	☐	☐	
Severe or recurrent abdominal pain	☐	☐	
Gastroparesis or severe delayed gastric emptying	☐	☐	
Bowel obstruction or ileus	☐	☐	
Severe nausea or recurrent vomiting	☐	☐	
Severe constipation	☐	☐	
Significant gastrointestinal surgery	☐	☐	
Chronic kidney disease or dialysis	☐	☐	
Acute kidney injury or frequent dehydration	☐	☐	
Significant liver disease	☐	☐	
Diabetic retinopathy or recent vision changes	☐	☐	
Severe hypoglycemia	☐	☐	
Active eating disorder	☐	☐	
Active suicidal thoughts or recent suicide attempt	☐	☐	
Severe uncontrolled psychiatric condition	☐	☐	
Alcohol or substance-use disorder	☐	☐	
Planned surgery or procedure requiring anesthesia	☐	☐	

Explanation of any "Yes" response:

8. Reproductive Screening

Complete when pregnancy is biologically possible.

Last menstrual period: _____ ☐ Regular ☐ Irregular ☐ Postmenopausal

Current contraception:

- | | |
|--|--|
| ☐ Not sexually active | ☐ IUD |
| ☐ Implant | ☐ Oral contraceptive |
| ☐ Injection | ☐ Barrier method |
| ☐ Sterilization | ☐ Partner sterilization |
| ☐ None | ☐ Other: _____ |
| ☐ Pregnancy test ordered/performed Result/date: _____ | |



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Pregnancy plans within the next year: ☐ Yes ☐ No ☐ Unsure

☐ Patient counseled that weight-loss GLP-1/GIP therapy should not be used during pregnancy.

☐ If tirzepatide is selected, discussed that delayed gastric emptying may reduce the effectiveness of oral hormonal contraception and reviewed the current label's backup/nonoral contraception recommendations.

9. Medication Reconciliation

Is the patient currently using any of the following?

☐ Semaglutide: ☐ Wegovy ☐ Ozempic ☐ Rybelsus ☐ Compounded

☐ Liraglutide: ☐ Saxenda ☐ Victoza

☐ Exenatide

☐ Insulin

☐ Other weight-loss medication

☐ Tirzepatide: ☐ Zepbound ☐ Mounjaro ☐ Compounded

☐ Dulaglutide/Trulicity

☐ Lixisenatide

☐ Sulfonylurea: glipizide, glimepiride, or glyburide

☐ None

Medication name, dose, and last dose:

Complete medication list attached/reconciled: ☐ Yes ☐ No

☐ Potential duplicate GLP-1/GIP therapy identified

☐ Insulin or sulfonylurea use requires hypoglycemia risk assessment

☐ Oral medications requiring reliable absorption reviewed

☐ Weight-promoting medications reviewed

Medication allergies: _____

10. Nutrition, Activity and Lifestyle Assessment

Item	Response	Item	Response
Typical meals per day		Water intake	_____ oz/day
Estimated protein intake	_____ g/day or ☐ Unknown	Fruit/vegetable intake	
Sugary drinks	☐ Never ☐ Occasionally ☐ Daily	Alcohol	_____ drinks/week
Tobacco/nicotine	☐ Never ☐ Former ☐ Current	Cannabis	☐ No ☐ Yes
Physical activity	_____ minutes/week	Resistance/strength training	_____ days/week
Average sleep	_____ hours/night	Bowel movements	_____ per week
Baseline constipation	☐ None ☐ Mild ☐ Moderate ☐ Severe		

Physical limitations: _____

☐ Snoring

☐ Witnessed apnea

☐ Daytime sleepiness

☐ Diagnosed sleep apnea

☐ Uses CPAP consistently



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11. Behavioral and Eating Assessment

During the past three months, has the patient experienced:

Question	Yes	No
Recurrent episodes of eating unusually large amounts of food with loss of control?	☐	☐
Eating rapidly, secretly, or until uncomfortably full?	☐	☐
Vomiting, laxative use, fasting, or excessive exercise to compensate for eating?	☐	☐
Significant distress about eating behaviors?	☐	☐
Food insecurity or difficulty obtaining nutritious food?	☐	☐

Depression screen completed: ☐ PHQ-2 ☐ PHQ-9 ☐ Other: _____ ☐ Not indicated

Eating-disorder or behavioral-health referral needed: ☐ Yes ☐ No

12. Baseline Laboratory Review

Laboratory testing should be individualized according to history, comorbidities, medication selection, and clinical findings.

Test	Result	Date	Ordered/needed
Hemoglobin A1C			☐
Fasting glucose			☐
Creatinine/eGFR			☐
Electrolytes/CMP			☐
AST/ALT			☐
Fasting lipid panel			☐
TSH, if clinically indicated			☐
Urine albumin/creatinine, if indicated			☐
Pregnancy test, if indicated			☐
CBC, if indicated			☐
Other: _____			☐

☐ Laboratory results acceptable for treatment ☐ Additional evaluation required before prescribing

13. Patient Readiness and Follow-Up Capacity

Statement	Yes	No
Patient understands medication complements nutrition, activity, sleep, and behavioral treatment.	☐	☐
Patient is willing to attend regular follow-up visits.	☐	☐
Patient can obtain and correctly store the medication.	☐	☐
Patient can safely self-administer medication or has reliable assistance.	☐	☐



Statement	Yes	No
Patient understands that gradual dose escalation may be necessary.	☐	☐
Patient agrees not to increase the dose without clinician authorization.	☐	☐
Patient understands that long-term treatment may be needed.	☐	☐
Patient understands weight regain may occur after discontinuation.	☐	☐
Insurance coverage or self-pay cost has been discussed.	☐	☐

14. Required Counseling Checklist

The clinician reviewed:

- ☐ Expected benefits and realistic treatment goals
- ☐ Alternative treatments, including nonpharmacologic treatment
- ☐ Common adverse effects: nausea, vomiting, diarrhea, constipation, abdominal discomfort and decreased appetite
- ☐ Slow eating, smaller portions, adequate hydration and appropriate protein intake
- ☐ Risk of dehydration and possible kidney injury
- ☐ Pancreatitis warning symptoms
- ☐ Gallbladder disease warning symptoms
- ☐ Hypoglycemia risk when combined with insulin or insulin secretagogues
- ☐ Possible worsening of diabetic retinopathy with rapid glucose improvement
- ☐ Severe gastrointestinal symptoms and delayed gastric emptying
- ☐ Allergic-reaction warning symptoms
- ☐ Pregnancy avoidance and discontinuation if pregnancy occurs
- ☐ Peri-procedural instructions: inform the surgical/anesthesia team before procedures
- ☐ Avoiding duplicate GLP-1-based medications
- ☐ Only using the prescribed product, dose and administration schedule
- ☐ When to contact the clinic
- ☐ When to seek urgent or emergency care
- ☐ Follow-up and laboratory-monitoring plan

15. Urgent Symptoms Reviewed

Patient instructed to seek prompt medical care for:

- Persistent severe abdominal pain, especially if radiating to the back
- Repeated vomiting or inability to retain fluids
- Symptoms of severe dehydration
- Facial or throat swelling, breathing difficulty, or widespread rash
- Severe abdominal distention or inability to pass stool or gas
- Sudden or significant vision changes
- Symptoms of severe hypoglycemia
- Pregnancy while receiving weight-loss medication
- Suicidal thoughts or acute behavioral-health crisis



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16. Clinician Assessment and Decision

Obesity diagnosis/stage:

Qualifying weight-related complication(s):

Secondary causes of weight gain considered:

☐ Medication-related

☐ Sleep-related

☐ Psychological

☐ No additional evaluation indicated

☐ Endocrine

☐ Genetic/syndromic

☐ Other: _____

Clinical decision:

☐ Appropriate candidate for anti-obesity pharmacotherapy

☐ Requires medical clearance or specialist consultation

☐ Lifestyle/behavioral treatment initiated or continued

☐ Potential candidate after laboratory review

☐ Not currently an appropriate candidate

☐ Alternative medication recommended

Medication being considered:

☐ Semaglutide/Wegovy

☐ Liraglutide/Saxenda

☐ Medication not selected today

☐ Tirzepatide/Zepbound

☐ Other: _____

Reason if treatment deferred or declined:

Initial treatment plan: _____

Nutrition goal: _____

Activity goal: _____

Follow-up: ☐ 2 weeks ☐ 4 weeks ☐ _____ weeks

Clinician name/title: _____

Signature: _____ Date: _____



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Patient Attestation

I certify that the information I provided is accurate and complete to the best of my knowledge. I agree to inform BRT Clinical of pregnancy, new diagnoses, medication changes, planned procedures, serious adverse effects, or treatment received from another weight-management provider.

Patient signature: _____ Date: _____

Clinician/witness: _____ Date: _____

BRT Clinical Nursing Services, Inc. | Website: brtclinical.com | Email: info@brtclinical.com

This is an adult screening and clinical documentation form, not a stand-alone informed-consent form. It should be paired with medication-specific consent, the current FDA label, privacy forms, and BRT Clinical's emergency/contact policy. The structure follows comprehensive obesity assessment principles—including weight history, complications, contributing medications, psychosocial factors and previous treatments—and incorporates current FDA GLP-1/GIP safety screening.