
What to Bring to Your Doctor

Fill this in and bring it to every appointment (Chapters 7, 10 and 12), together with your three-numbers tracker and the three-level chart.

My GLP-1 medicine and dose: _____

Started: _____ Where I get it: _____

My other medicines:

Medicine	Dose	Taken for
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Twelve check questions (Chapter 10)

#	Question	Yes	No
1	Have you, a parent, a brother or a sister had medullary thyroid cancer, or MEN2?	☐	☐

#	Question	Yes	No
2	Are you pregnant, planning a pregnancy, or breastfeeding?	☐	☐
3	Have you had pancreatitis?	☐	☐
4	Do you have gallstones, or have you had gallbladder disease?	☐	☐
5	Do you have diabetes and retinopathy?	☐	☐
6	Do you have type 1 diabetes?	☐	☐
7	Gastroparesis, or often bloated or vomiting after meals?	☐	☐
8	Do you have kidney disease?	☐	☐
9	Over 70, frail, prone to falls, or low in muscle?	☐	☐

#	Question	Yes	No
10	Ever had an eating disorder, or periods of restricting or losing control around food?	☐	☐
11	Not overweight, just wanting to lose a few kilos?	☐	☐
12	Under 18?	☐	☐

What I'm choosing, and why (Chapter 7)

- Why I want or need to stop: _____
- What worries me most about stopping: _____
- What worries me most about staying on it: _____

The option I'm leaning toward:

- ☐ Stay on it
- ☐ Switch to a pill
- ☐ A legal generic
- ☐ Taper
- ☐ A lower dose
- ☐ Stop completely, with a plan

Questions for my doctor:

1. Given my situation, does long-term use make sense?
2. If I stop, should I stop all at once or taper? Why?
3. Is there a cheaper or more convenient option that suits me?
4. Which numbers should be rechecked after I stop, and when?
5. How much regain should prompt us to talk about going back on it?

Answers and next steps:
