



Raven Weight Loss Clinic
701 Market St.
Suite 113
St. Augustine, FL 32095
(904) 852-1960

Patient Weight Loss Questionnaire

Name: _____ DOB: _____ Phone: _____

Address: _____

Occupation: _____ Email: _____

Review of Current Medications: _____

Med Allergies: _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____ BMI: _____ Target Weight: _____

History of Present Illness

Previous prescription weight loss medication: _____

How much weight have you gained in the past two years? _____

Weight issues as a child? Yes No

Past Medical History	Family History	Past Surgical History
<input type="checkbox"/> PCOS	<input type="checkbox"/> Obesity	<input type="checkbox"/> Gastric Bypass
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Gastric Band
<input type="checkbox"/> HTN	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other non-Orthopedic Surgeries (list below)
<input type="checkbox"/> Hypercholesterolemia	<input type="checkbox"/> PCOS	_____
<input type="checkbox"/> Childhood Obesity		_____

Contraindications	Exercise Level
<input type="checkbox"/> Hx of any Thyroid Cancer	<input type="checkbox"/> Sedentary
<input type="checkbox"/> Hx of Multiple Neoplasia 1 or 2	<input type="checkbox"/> Moderate
<input type="checkbox"/> Hx Pancreatitis	<input type="checkbox"/> Active
<input type="checkbox"/> Current or Planned Pregnancy	

Rx Approved: Yes No
 Type: Semaglutide Tirzepatide
 Sig: Weekly Injection
Semaglutide Titration Schedule:
 0.3 mg for first 2 weeks
 0.4 mg for next 2 weeks
 0.5 mg thereafter

Patient Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

Zofran or Dramamine For nausea, Tums for indigestion. * Start Daily Multivitamin

Tirzepatide Titration Schedule:
2.5 mg for first 4 weeks, then:
Increase by 2.5mg/wk every 4 weeks until dose is 10mg/wk.