

## Peptide Therapy Form

### (Telehealth or Brick-and-Mortar)

Date:

### Patient Information

- **Patient Name:** {{patient\_first\_name}} {{patient\_last\_name}}
- **Date of Birth:** {{patient\_birthdate}}

### About Peptide Therapy

Peptide therapy involves the use of specific peptides -- short chains of amino acids -- that are designed to stimulate natural biological processes within the body. Peptides can influence various functions such as hormone production, immune response, tissue repair, and metabolism. Peptide therapy is considered a relatively new field and may be used for purposes including but not limited to anti-aging, muscle growth, fat loss, improved recovery, enhanced cognitive function, and immune support. Some of these peptides can be considered research and/or cosmetic in nature and may not be FDA approved.

### Treatment Goals

The goal of peptide therapy is to support and optimize your body's natural functions. Please describe your treatment goals:

Treatment Goals

### Alternative Treatments

I understand that alternative treatments including doing nothing, standard medication use, surgery or other therapeutic intervention, hormone replacement therapy, dietary changes, exercise programs, and other medical interventions, are available and have been discussed with me. Furthermore, I understand that peptide therapy is being used as part of an integrative treatment approach.

### Consent Statements

Please initial each statement:

1. I have been informed of the nature of peptide therapy, including its potential benefits, risks, and

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alternatives.

2. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

3. I understand that peptide therapy is not guaranteed to achieve the intended results.

4. I understand that ongoing monitoring may be required.

5. I agree to follow the treatment plan as prescribed and to inform my healthcare provider of any side effects or changes in my health.

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**Form Complete**

# Signature Certificate

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ENNU Patient Docs

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