Concept Chiropractic
+ Regenerative Medicine
Renew Yourself

SELF-INJECTION CONSENT FORM
Medical Weight Loss Program

In initialing below, I understand and acknowledge that:

_____ ***Concept Chiropractic and Regenerative Medicine***, (the Clinic) has provided me with information concerning self-injections of Semaglutide.

_____ The Semaglutide medication you receive expire on the date printed on the label and I will not be refunded for any unused medication.

_____ By injecting myself with Semaglutide at home, I cannot bring back any of the medication for any reason unless in a Bio-hazard container.

_____ Disposing of a syringe with medication in a regular garbage can is illegal. I have access to a bio-hazard container or will purchase one.

_____ All syringes and medication need to be kept away from children and a bio-hazard container is required for their safe storage.

_____ I have received the "Giving Self Injections" sheet and the staff at the clinic has answered all my questions regarding self-injections of Semaglutide.

_____ By taking my Semaglutide medication and injecting myself at home, ***Concept Chiropractic and Regenerative Medicine*** is not liable for any negative physical reactions that may result post-injection.

Informed Consent for Care

A patient coming to the doctor/nurse practitioner gives him/her permission and authority to care for them in accordance with appropriate testing, diagnosis, and analysis. The clinical procedures performed are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible for injury. The doctor/nurse practitioner will not provide specific healthcare he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or to learn through health care procedures from whatever he/she is suffering from: latent pathological defects, illness, or deformities, which would otherwise not come to the attention of the physician.

Medical, medical weight loss, chiropractic, and regenerative medicine, like all forms of health care offering considerable benefit may also provide some level of risk. Prior to receiving medical, medical weight loss, chiropractic and regenerative medicine in this integrated office, a health history and physical examination will be completed. These procedures are performed to assess your specific condition and your overall health. These procedures will assist us in determining if any further examinations or studies are required. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you along with a care plan prior to beginning care.

I understand and accept that there are risks associated with medical, medical weight loss, chiropractic and regenerative medicine and give consent to the examinations that the doctor/nurse practitioner deems necessary following my assessment.

This notice is effective as of the date signed. I have read and understand the foregoing:

Patient Signature Date

Witness Signature Date