



2152 S. Vineyard · Suite 135 · Mesa, AZ 85210

TIRZEPATIDE FOLLOW-UP

PATIENT NAME (PLEASE LIST FIRST & LAST NAME): _____ **DATE:** ____/____/____

What are you currently doing for nutrition? _____

How many grams of protein are you consuming daily? _____

Are you seeing success/benefits? _____

Any side-effects or concerns? _____

Is your appetite controlled? _____

How is your energy level? _____

Clothes fitting better/Inches? _____

What day (or days) of the week do you inject? _____

How many units did you do for your most recent injection? _____

Are you ready to titrate up to the next dose of tirzepatide? _____

Please add additional comments below:

