NEW MEDROOF SLIM™ — ONLINE INTAKE FORM

Email Completed Form To: MedSpaBookings@MedRoofUrgentCare.com

Via

SECTION 1 — Patient Information

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Phone Number: _____

Email Address: _____

Home Address: _____

Preferred Contact: ☐ Phone ☐ Email ☐ App Messaging

_____

SECTION 2 — Emergency Contact

Name: _____

Relationship: _____

Phone: _____

_____

SECTION 3 — Primary Care Provider

Do you have a PCP? ☐ Yes ☐ No

If yes:

Name: _____

Phone: _____

_____

SECTION 4 — Weight History & Goals

Current Weight: _____ lbs Height: _____

Waist Measurement: _____

Highest Adult Weight: _____ lbs

Lowest Adult Weight: _____ lbs

How long have you struggled with weight?

_____

Previous attempts (check all that apply):

☐ Diet programs ☐ Exercise programs ☐ Weight loss medications

☐ Bariatric surgery ☐ Online/telehealth programs

Primary Goal:

☐ Lose 10–20 lbs ☐ Lose 20–40 lbs ☐ Lose 40+ lbs ☐ Improve health

Target Weight Goal: _____

Do you have an event or timeline you're targeting?

_____

_____

SECTION 5 — Eating & Lifestyle Assessment

How would you describe your appetite?

☐ Constant hunger ☐ Moderate ☐ Small appetite

☐ Loss of control when hungry

Eating habits (check any):

☐ Emotional eating ☐ Stress eating ☐ Night eating

☐ Skipping meals ☐ Binge episodes ☐ Sugar/carb cravings

Daily water intake:

☐ < 40 oz ☐ 40–80 oz ☐ 80–100 oz ☐ 100+ oz

Activity level:

☐ Sedentary ☐ Light ☐ Moderate ☐ Heavy/Athletic

Nicotine use? ☐ Yes ☐ No

Alcohol use? ☐ Yes ☐ No — If yes, drinks/week: _____

_____

SECTION 6 — Medical History (Required for GLP-1 Eligibility)

Check all conditions you have or have had:

- ☐ Type 2 diabetes
- ☐ Pre-diabetes / insulin resistance
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Heart disease
- ☐ Stroke or TIA
- ☐ Thyroid nodules
- ☐ Thyroid cancer (self or family)
- ☐ Medullary thyroid cancer or MEN2 (self or family)
- ☐ PCOS
- ☐ Gallstones / gallbladder disease
- ☐ Gastroparesis
- ☐ Acid reflux (GERD)
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Pancreatitis (ever)
- ☐ Eating disorder history

- ☐ Depression or anxiety

Have you used a GLP-1 medication before?

☐ Yes ☐ No

If yes, which and what dose? _____

Medication allergies: _____

Are you pregnant, breastfeeding, or planning pregnancy?

☐ Yes ☐ No

_____

SECTION 7 — Current Medications

List all medications you currently take (including OTC):

_____

_____

Do you take:

Insulin or sulfonylureas? ☐ Yes ☐ No

Steroids? ☐ Yes ☐ No

_____

SECTION 8 — Symptoms & Side-Effect Risk Screening

Do you experience any of the following?

☐ Severe constipation

☐ Severe nausea/vomiting

☐ Abdominal pain after eating

☐ History of dehydration

☐ Fainting or dizziness

Do you tolerate injections well? ☐ Yes ☐ No

_____

SECTION 9 — Program Interest

Which medication are you most interested in?

☐ Semaglutide

☐ Tirzepatide

☐ Provider recommendation

Why do you want to join MedRoof Slim™?

_____

_____

_____

SECTION 10 — Required Lab Work

I understand that baseline labs (CMP, A1C, Lipids, TSH) may be required before starting medication and may not be covered by insurance.

☐ Yes, I understand

_____

SECTION 11 — Telemedicine Consent Acknowledgment

MedRoof Slim™ is primarily managed through video visits, including:

- Medical evaluation
- Dose adjustments
- Monthly follow-up
- Monitoring for side effects

I consent to receive treatment via telemedicine.

☐ Yes

_____

SECTION 12 — Medication, Billing & Disclaimer Acknowledgment

Please check each:

☐ I understand this program is cash-only and insurance does not cover the membership or medication.

☐ I understand results vary and no specific weight loss outcome is guaranteed.

☐ I understand GLP-1 medications have potential risks including nausea, vomiting, dehydration, gallbladder disease, and rare pancreatitis.

☐ I will notify MedRoof immediately if I experience severe or concerning symptoms.

☐ I certify all information in this form is accurate.

_____

SECTION 13 — Signature

I acknowledge that the information provided is truthful and complete.

Signature: _____

Date: _____