

# Muenster Family Medical Clinic

## INJECTABLE PEPTIDE THERAPY INFORMED CONSENT FORM

Patient Name:

Date of Birth:

Date:

### INTRODUCTION AND PURPOSE

This informed consent form provides important information about injectable peptide therapy. Please read this document carefully and ask questions about anything you do not understand. Your signature on this form indicates that you have read, understood, and agree to the treatment described herein.

Peptide therapy involves the use of specific amino acid sequences (peptides) that may influence various biological functions in the body. These peptides are administered via subcutaneous injection and are designed to target specific cellular processes, hormone pathways, or physiological functions.

Common types of peptides used include, but are not limited to:

- Growth hormone releasing peptides (GHRP)
- Anti-aging and recovery peptides
- Metabolic and weight management peptides
- Cognitive enhancement peptides
- Immune system support peptides
- Sleep and circadian rhythm peptides

### PURPOSE AND POTENTIAL BENEFITS

The purpose of your peptide therapy is:

*Potential benefits may include, but are not limited to:*

- Improved energy levels and vitality
- Enhanced recovery from exercise or injury
- Better sleep quality and regulation
- Improved body composition (muscle mass, fat reduction)
- Enhanced cognitive function and mental clarity
- Improved immune system function
- Anti-aging effects on skin and overall appearance
- Hormonal optimization

## **RISKS AND POTENTIAL SIDE EFFECTS**

As with any medical treatment, peptide therapy carries potential risks and side effects. These may include:

### **Potential Side Effects:**

- Injection site reactions (redness, swelling, pain, bruising)
- Headaches
- Nausea or stomach discomfort
- Fatigue or drowsiness
- Dizziness
- Changes in appetite
- Water retention or bloating

### **Less Common Serious Side Effects:**

- Allergic reactions (hives, difficulty breathing, swelling of face/throat)
- Severe injection site infections
- Changes in blood pressure
- Joint pain or muscle aches
- Mood changes or irritability

## **CONTRAINDICATIONS AND PRECAUTIONS**

Peptide therapy may not be appropriate for individuals with certain medical conditions. Please inform your healthcare provider if you have any of the following:

- Pregnancy or breastfeeding
- Active cancer or history of cancer
- Severe kidney or liver disease
- Severe allergies or hypersensitivity reactions

## **ALTERNATIVE TREATMENTS**

Alternative approaches to address your health concerns may include:

- Lifestyle modifications (diet, exercise, stress management)
- Conventional hormone therapy
- Nutritional supplements
- Physical therapy or rehabilitation
- Other medical treatments specific to your condition
- No treatment at all

## **FDA REGULATORY STATUS**

**IMPORTANT NOTICE:** Many peptides used in therapy are not FDA-approved and have not been tested for the specific conditions being treated. Compounded medications are not FDA-approved and may differ in risks, benefits, and side effects from FDA-approved products. The statements have not been evaluated by the FDA and are not intended to diagnose, treat or cure any disease or condition and do not indicate any claim of safety or efficacy. Individual results may vary.

## **PATIENT RESPONSIBILITIES**

As a patient receiving peptide therapy, you agree to:

- Follow all instructions for proper storage and administration
- Use sterile injection techniques as taught
- Attend all scheduled follow-up appointments
- Report any side effects or concerns immediately
- Inform your provider of any changes in medications or health status
- Not share your peptides with others
- Properly dispose of used needles and supplies

## **COST AND INSURANCE**

Peptide therapy is typically not covered by insurance and is considered an elective treatment. You are responsible for all costs associated with your treatment, including:

- Initial consultation and evaluation
- Laboratory testing and monitoring
- Peptide medications
- Supplies (needles, syringes, alcohol swabs) if not included in kit
- Follow-up appointments

## **RIGHT TO REFUSE OR DISCONTINUE**

You have the right to refuse treatment or discontinue therapy at any time. If you choose to stop treatment, please notify your healthcare provider to ensure safe discontinuation and appropriate follow-up care.

**ACKNOWLEDGMENT AND CONSENT**

- I acknowledge that I have read and understand this informed consent form.
- I understand the potential benefits, risks, and side effects of peptide therapy.
- I have had the opportunity to ask questions of my healthcare providers, and all my questions have been answered to my satisfaction.
- I understand that no guarantee has been made regarding the outcome of this treatment.
- I understand that peptides may not be FDA-approved and may not have been tested for my specific condition.
- I understand that I am financially responsible for my therapy and that insurance may not cover this treatment.
- I consent to receive injectable peptide therapy as prescribed by my healthcare provider.

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**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name (Print):** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (Print):** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Form completed:  Patient education provided:  Questions answered:

Staff initials: \_\_\_\_\_ Dat