

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

BMI: \_\_\_\_\_  E66.3 Overweight  F50.8 Binge Eating

**INCRETIN MIMETIC MEDICATION LOG AND TREATMENT PLAN**

The starting baseline dose is 2.5mg. Assess weekly for:

- If side effects are unmanageable or undesired, decrease the next dose by 1-2 UNITS.
- If side effects are manageable and a dose increase is requested, the dose may be increased by 1 UNIT each visit.
- Assuming NO missed visits, NO side effects after a dose, and NO weight loss, the dose may increase by 1-2 units per visit.

Initials	Date	Dose	Weight	Drug	# Rx Rec'd	# of Inj.	Payment	End of series
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷
_____	_____	_____ mg	_____ lbs.	<input type="checkbox"/> ZEP <input type="checkbox"/> TIR <input type="checkbox"/> SEM	_____	_____	\$ _____	<input type="checkbox"/> ÷