KIAN | PRIVÉ

PHYSICIAN-LED LUXURY WELLNESS CONCIERGE

COMPREHENSIVE THERAPEUTICS INTAKE FORM

Peptide Therapy • GLP-1 / GLP-2 / GLP-3 Receptor Agonist Therapy

01 PATIENT INFORMATION

Full Name | **Date of Birth** | **Age**

Height | **Weight** | **BMI**

Sex at Birth (Male / Female) | **Gender Identity (optional)**

Phone | **Email Address**

Primary Care Physician | **Referring Physician (if any)**

Date of First Appointment

02 PROGRAM OF INTEREST

Please select the program(s) you are interested in exploring with your KIAN Privé clinician:

- ☐ Peptide Therapy
- ☐ GLP-1 / GLP-2 / GLP-3 Receptor Agonist Therapy
- ☐ Combination Protocol (Peptide + GLP)
- ☐ Longevity & Wellness Membership

03 TREATMENT GOALS & ASPIRATIONS

1. What are your primary goals for therapy? (Select all that apply)

- ☐ Weight loss & body composition
- ☐ Weight maintenance
- ☐ Skin rejuvenation & improved elasticity
- ☐ Anti-aging & cellular regeneration
- ☐ Muscle growth & performance optimization
- ☐ Injury recovery & tissue repair
- ☐ Hormonal balance & endocrine support
- ☐ Improved insulin sensitivity
- ☐ Diabetes / prediabetes control
- ☐ Cardiovascular risk reduction

- [ ] Fatty liver improvement
- [ ] Reduced inflammation
- [ ] Sexual health & enhancement
- [ ] Cognitive performance & mental clarity
- [ ] Immune system support
- [ ] Sleep optimization & stress recovery
- [ ] Longevity
- [ ] Other (specify below)

Other goal, if selected above:

2. Desired Goal Weight (if applicable)

3. What specific aesthetic or wellness outcomes are you hoping to achieve?

04 WEIGHT & METABOLIC HISTORY

Current Weight

Highest Adult Weight

Lowest Adult Weight

How long have you struggled with your weight?

- ☐ < 1 year
- ☐ 1 – 5 years
- ☐ 5 – 10 years
- ☐ > 10 years

Previous weight-loss approaches (select all that apply)

- ☐ Diet modification
- ☐ Nutritionist
- ☐ Jenny Craig
- ☐ Ketogenic diet
- ☐ Low carb
- ☐ Bariatric surgery
- ☐ Prescription medications
- ☐ Structured exercise program
- ☐ Weight Watchers
- ☐ Noom
- ☐ Mediterranean diet
- ☐ Intermittent fasting
- ☐ Personal trainer
- ☐ Other

4. Have you previously used peptide therapies, GLP receptor agonists, injectables, or regenerative treatments?

- ☐ Semaglutide
- ☐ Retatrutide
- ☐ Dulaglutide
- ☐ Cagrilintide
- ☐ Other peptide / injectable
- ☐ Tirzepatide
- ☐ Liraglutide
- ☐ Exenatide
- ☐ Tesofensine

Dose

Duration

Reason Stopped (if applicable)

Side Effects Experienced

Please describe your experience with the treatment(s) noted above:

05 MEDICAL HISTORY

Please check any conditions that apply to you:

- ☐ Type 2 Diabetes
- ☐ Prediabetes
- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Coronary Artery Disease
- ☐ Heart Failure
- ☐ Stroke / TIA
- ☐ Sleep Apnea
- ☐ PCOS
- ☐ Metabolic Syndrome
- ☐ Fatty Liver Disease
- ☐ Kidney Disease
- ☐ GERD
- ☐ Gastric Ulcer
- ☐ Chronic Constipation
- ☐ IBS
- ☐ Crohn's Disease
- ☐ Ulcerative Colitis
- ☐ Gallstones
- ☐ Gallbladder Removal
- ☐ Pancreatitis
- ☐ Thyroid Disease
- ☐ Hashimoto's
- ☐ Graves' Disease
- ☐ Depression
- ☐ Anxiety
- ☐ ADHD
- ☐ Eating Disorder
- ☐ Migraine
- ☐ Chronic Pain
- ☐ Cancer
- ☐ Hormonal Disorder (specify below)

1. Do you have any other pre-existing medical conditions not listed above?

☐ Yes ☐ No

If yes, please specify:

2. Have you undergone any surgical procedures in the past 12 months?

☐ Yes ☐ No

If yes, please specify:

3. Are you currently pregnant, breastfeeding, or planning to become pregnant?

☐ Yes ☐ No

06 CONTRAINDICATIONS & SAFETY SCREENING

Please indicate any personal history of the following, which may affect eligibility for peptide or GLP receptor agonist therapy:

- ☐ Medullary thyroid cancer (MTC)
- ☐ Multiple Endocrine Neoplasia syndrome type 2 (MEN2)
- ☐ Pancreatitis
- ☐ Gallstones
- ☐ Gastroparesis
- ☐ Severe GERD
- ☐ Bowel obstruction
- ☐ Severe kidney disease

☐ Severe liver disease ☐ None of the above

1. Have you ever had an allergic reaction to any medication, supplement, or peptide?

☐ Yes ☐ No

If yes, please specify the substance and reaction:

07 FAMILY HISTORY

Please check any conditions present in your immediate family (parents, siblings, children):

- ☐ Medullary thyroid cancer
- ☐ Pancreatic cancer
- ☐ Obesity
- ☐ Stroke
- ☐ MEN2 syndrome
- ☐ Type 2 Diabetes
- ☐ Heart disease
- ☐ None of the above

08 CURRENT MEDICATIONS, SUPPLEMENTS & ALLERGIES

Prescription Medications

Supplements

Peptides Currently in Use

Hormones / Hormone Replacement Therapy

Medication Allergies

Food Allergies

Other Allergies

09 LIFESTYLE & WELLNESS PROFILE

How often do you engage in physical activity?

- ☐ Daily
- ☐ 3–4 times per week
- ☐ 1–2 times per week
- ☐ Occasionally
- ☐ Rarely / Never

Average Daily Steps

Average Sleep (hours/night)

How would you describe your typical diet?

- ☐ Balanced / Mediterranean
- ☐ High protein / Athletic
- ☐ Plant-based / Vegan
- ☐ Ketogenic / Low-carb
- ☐ No specific diet
- ☐ Other (specify below)

Other diet, if selected above:

1. **Do you follow a specific skincare or wellness routine?**

☐ Yes ☐ No

If yes, please describe:

2. **Do you consume alcohol or use recreational substances?**

☐ Yes ☐ No

If yes, please specify frequency and type:

Smoking Status

- ☐ Never smoked
- ☐ Former smoker
- ☐ Current smoker
- ☐ Marijuana use

How would you rate your current stress level?

- ☐ Low — generally balanced and well-rested
- ☐ Moderate — manageable with occasional highs
- ☐ High — frequently overwhelmed or fatigued
- ☐ Very high — chronic or severe

10 NUTRITION PROFILE

Meals Per Day

Water Intake (oz/day)

Protein Intake (approx. g/day)

Please check any that apply to your current eating patterns:

- ☐ Frequent sugary drinks
- ☐ Binge eating episodes
- ☐ None of the above
- ☐ Late-night eating
- ☐ Emotional eating

11 WOMEN'S HEALTH (IF APPLICABLE)

Last Menstrual Period

Birth Control Method (if any)

Please check any that apply:

- ☐ Currently pregnant
- ☐ Breastfeeding
- ☐ Postmenopausal
- ☐ Trying to conceive
- ☐ PCOS diagnosis
- ☐ None of the above

12 LABORATORY HISTORY & RECOMMENDED BASELINE PANEL

Recent Labs on File (check any completed within the last 12 months)

- ☐ Hemoglobin A1c
- ☐ Fasting glucose
- ☐ Fasting insulin
- ☐ Creatinine / eGFR
- ☐ AST / ALT
- ☐ Lipid panel
- ☐ TSH / Free T4
- ☐ CBC
- ☐ Vitamin D
- ☐ Vitamin B12
- ☐ None on file

KIAN Privé Recommended Baseline Laboratory Panel

Your clinician may order the following panel prior to initiating therapy: CBC with differential, comprehensive metabolic panel (CMP), hemoglobin A1c, fasting glucose, fasting insulin, lipid panel, TSH and free T4, vitamin B12, folate, vitamin D, ferritin, iron/TIBC, magnesium, hs-CRP, uric acid, urine microalbumin (if diabetic), and a pregnancy test where applicable.

13 SYMPTOMS CHECKLIST

Please check any symptoms you are currently experiencing:

- ☐ Fatigue
- ☐ Food cravings
- ☐ Sugar cravings
- ☐ Brain fog
- ☐ Joint pain
- ☐ Snoring
- ☐ Daytime sleepiness
- ☐ Shortness of breath
- ☐ Swelling
- ☐ Depression
- ☐ Anxiety
- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea
- ☐ Vomiting
- ☐ Reflux
- ☐ Abdominal pain
- ☐ None of the above

14 PATIENT EXPECTATIONS & ACKNOWLEDGMENTS

Please initial beside each statement to confirm your understanding:

Initial Weight loss and treatment outcomes vary by individual and are not guaranteed.

Initial Lifestyle changes, including nutrition and exercise, are required to support optimal results.

Initial Peptide and GLP receptor agonist therapy may require long-term or maintenance use.

Initial Muscle preservation requires adequate protein intake and resistance exercise during treatment.

Initial Routine follow-up appointments and laboratory monitoring may be required throughout treatment.

Initial Dose adjustments may be needed based on clinical response and tolerability.

Initial Insurance approval and coverage, where applicable, are not guaranteed.

15 INFORMED CONSENT, SAFETY DISCLOSURE & ATTESTATION

Informed Safety Screening

Your clinician has discussed the following potential side effects associated with peptide and/or GLP receptor agonist therapy: nausea, vomiting, constipation, diarrhea, gallbladder disease, pancreatitis, dehydration, hypoglycemia (particularly when combined with insulin or sulfonylureas), possible muscle loss, and rare allergic reactions.

Telemedicine & Remote Consultation Attestation (if applicable)

If any portion of my care is delivered via telemedicine, I certify that the information I have provided is accurate and complete, I understand the inherent limitations of telemedicine consultations, I agree to seek in-person or emergency care promptly for any serious or worsening symptoms, and I authorize KIAN Privé to request and review relevant outside medical records when appropriate to my care.

Informed Consent

By signing below, I confirm that the information provided in this form is accurate and complete to the best of my knowledge. I understand that KIAN Privé will use this information solely for the purpose of personalizing my care plan. I consent to consultation with a KIAN Privé clinician and acknowledge that I have been informed of the nature, benefits, and risks of the peptide and/or GLP receptor agonist therapy services offered.

How did you hear about KIAN Privé?

- ☐ Referral from physician or healthcare provider
- ☐ Referral from a friend or family member
- ☐ Social media (Instagram, Facebook, etc.)
- ☐ Web search
- ☐ Hotel or resort partnership
- ☐ Other (specify below)

Other, if selected above:

Client Signature **Date**

Printed Name

Witness / Clinician

Provider Signature

Date
