ETERNAL BEAUTY LIFESTYLE

Weight loss and Aesthetic care

Peptide Therapy Informed Consent & Acknowledgment

Patient Name: _____
Date of Birth: _____
Date: _____

Purpose of This Consent

Peptide therapies are emerging treatments that may be used as part of a personalized wellness, longevity, regenerative, metabolic, or aesthetic care plan. Peptides are short chains of amino acids that may influence specific biological pathways within the body.

I understand that my provider has recommended peptide therapy based on my individual goals, health history, clinical evaluation, and available medical information.

Understanding of FDA Approval Status

I understand that some peptide therapies may not be approved by the U.S. Food and Drug Administration (FDA) for my specific condition or intended use.

I understand that:
- Some peptide therapies may be considered investigational or used off-label.
- Clinical evidence varies among different peptides.
- Long-term safety data may be limited for certain therapies.
- Individual results cannot be guaranteed.

My provider has discussed the potential benefits, risks, limitations, and uncertainties associated with peptide therapy.

Potential Benefits

Depending on the peptide selected, therapy goals may include support for:

- Recovery and tissue repair
- Skin health and collagen support
- Metabolic wellness
- Body composition goals
- Exercise recovery
- Energy and overall wellness goals
- Immune support

Potential Risks and Side Effects

I understand possible risks may include:

- Injection site reactions
- Redness, swelling, bruising, or discomfort
- Headache
- Fatigue
- Dizziness
- Nausea or gastrointestinal symptoms
- Changes in appetite
- Fluid retention
- Changes in glucose regulation
- Hormonal effects
- Allergic reactions
- Unknown risks due to limited long-term data for some peptides

I agree to notify my provider of any concerning symptoms.

Medical History Disclosure

I confirm that I have provided accurate information regarding:
- Medical history
- Medications and supplements
- Allergies
- Pregnancy or breastfeeding status
- Significant medical conditions
- Cancer history
- Hormonal or endocrine conditions

Product Information and Quality Documentation

I understand that peptide products may come from different sources depending on availability and applicable regulations.

My provider maintains appropriate documentation regarding product information, sourcing, and quality documentation when available.

Alternatives

I understand alternatives may include:
- Lifestyle modification
- Nutrition and exercise optimization
- FDA-approved medications when appropriate
- Hormonal therapies when medically indicated
- Other medical or aesthetic treatments

Patient Responsibilities

I agree to:
- Follow provider instructions
- Report adverse reactions promptly
- Attend follow-up appointments
- Complete recommended laboratory monitoring when indicated
- Notify my provider of health changes or medication changes

No Guarantee of Results

I understand that peptide therapy does not guarantee specific results. Outcomes vary based on individual biology, genetics, lifestyle factors, and adherence to treatment recommendations.

Voluntary Consent

I have had the opportunity to ask questions and understand the potential benefits, risks, alternatives, and limitations of peptide therapy. I voluntarily consent to proceed.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Peptide Prescribed: _____

Dose/Frequency: _____

Treatment Goal/Indication: _____

Follow-Up Plan: _____