Screening Form for Individuals Using Weight-Loss Supplements

Comorbid conditions that increase the risk of adverse reactions:
___ High blood pressure (incompatible with stimulants)
___ Other cardiovascular diseases

Caffeine intake:
___ Coffee
___ Soft drinks with caffeine
___ Tea
___ Energy drinks/shots

Allergies:
___ Shellfish (client should avoid chitosan)
___ Milk (client should avoid Sensa)
___ Soy (client should avoid Sensa)
___ Wheat/gluten (found as an undisclosed filler in many supplements)

Determine whether patient’s physician will monitor liver enzymes and blood pressure.
Yes___ No___ Undetermined___

Other prescription and nonprescription medications being taken:
Yes___ No___ Undetermined___

Other supplements being taken:
Yes___ No___ Undetermined___

Other lifestyle modifications that assist with weight loss:
___ Gets at least 30 minutes of physical activity per day (particularly important if using conjugated linoleic acid)?
___ Following a calorically restricted diet?
___ Other:

Advise discontinuation of supplement use with any of the following symptoms: nausea, vomiting, upset stomach, gas or bloating, diarrhea or loose stools, dizziness or vertigo, blurred vision, rapid heartbeat, insomnia or trouble sleeping, headaches, seizures, or increased anxiety.