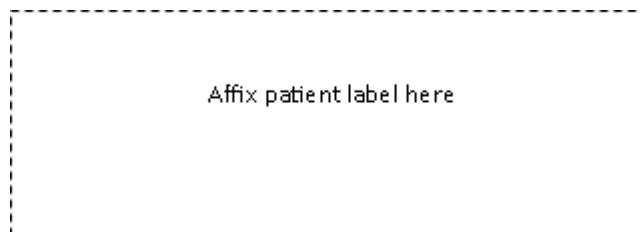


GLP1 Patient Contract



At your appointment today, we have agreed to start treatment with a GLP1 Agonist _____ to help manage your type 2 diabetes.

Further information on how to use the device and any side-effects you should be aware of is included in the patient information provided with your medicine supply.

Although these medicines are given as an injection, they work in a different way to insulin. However, they should help reduce your blood glucose levels and may also help you lose weight, especially if you follow a healthy diet and take regular exercise.

This anti-diabetes injection does not work for everyone and, if left unchecked, may not be the best use of NHS resources. We therefore need to regularly monitor whether it is being effective.

In order to do this, we follow the guidance from the National Institute of Health and Clinical Excellence (NICE). This states that treatment with these medicines should only be continued after 6 months if a patient sees a reduction in their HbA1c (measurement of long term blood sugar control) of 11mmol/mol (in the old number system that is about 1% HbA1c) and a reduction in their weight of 3% or more.

If the GLP-1 agonist injection we have agreed to start today does not provide these beneficial outcomes after 6 months, we will need to consider alternative options to manage your condition and stop the GLP1 agonist injection.

If treatment is continued after 6 months, we will continue to monitor your HbA1c and weight on a regular basis. If the beneficial effects are not maintained then, again, we will need to consider alternative options to manage your condition and then stop the GLP 1 agonist injection.

PATIENT AGREEMENT:

The information above has been explained to me and I understand that treatment with GLP1 Agonist will be stopped and alternative options considered if the beneficial effects on my weight and HbA1c are not achieved after 6 months, or continued long-term.

Today	6 months' target
Weight (3% loss needed by 6 months)	
HbA1c (11mmol/mol (1%) reduction needed by 6 months)	
eGFR (to check your kidney function)	To be measured in 6 months

Patient Name: _____ Patient Signature: _____

Clinician Name: _____ Clinician Signature: _____

Date: ____/____/____ Date of 6-month review: ____/____/____

If you have any questions or problems with your treatment, please contact:

Name: _____ Contact number: _____

A copy to be given to the patient and kept in the patient's record