GLP-1 Doctor Visit Log

Fill it in as you go, then bring it to your next appointment.

Plenish
plenishglp1.com

Name _____ Provider _____

Medication _____ Current dose _____

Started on _____ Next visit _____

Shots one row per dose

DATE	MEDICATION & DOSE	INJECTION SITE	NOTES

Weight same scale, same time of day if you can

DATE	WEIGHT	NOTES

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Side effects, a typical week of eating, and your questions.

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Side effects what you noticed, in your own words

DATE	WHAT I NOTICED	STRENGTH 1–5	HOW LONG	NOTES

A typical week of eating rough numbers are fine

	MON	TUE	WED	THU	FRI	SAT	SUN
Protein (g)							
Fiber (g)							
Water (oz)							
Meals / snacks							

Questions for my visit most important first

1.

2.

3.

Notes from the visit

This log is a record of what you wrote down. It is not medical advice. Always follow your healthcare provider's guidance.