Medical Intake Summary

Submission ID: ll18f1EY2Hx05nuUBDOm

Patient Profile

PATIENT
Alexandra Ruiz

DOB
09/02/1984

GENDER
Female

PHONE
4793969205

EMAIL
ruizalexandra30@gmail.com

ADDRESS
1298 Electric Avenue, Springdale, AR, USA
D 203
Springdale, AR 72764

MOTIVATION & CONSENT

How would your life change by losing weight?	Enjoying how your clothes fit , Having more confidence, Getting your energy back, Feeling better about yourself
Marketing Consent	☑

VITALS & GOALS

Ideal Weight	140
Starting Weight	180
BMI	32.92

VITALS & GOALS (CONT.)

Pounds to Lose	40.00

LIFESTYLE & ACTIVITY

Daily Physical Activity	1-Not Active

MEDICAL & MENTAL HEALTH HISTORY

Chronic Illness	No
Type 2 Diabetes	No
Pregnant or Breastfeeding	No
Surgeries or Procedures	No, none of these
Blood Pressure	Less than 120/80

REFERRAL SOURCE

How did you hear about us?	Instagram

ADDITIONAL RESPONSES

By clicking this box, I acknowledge that I have read, understood, and agree to the Terms of Use, and I acknowledge the Privacy Policy, Informed Telemedicine Consent, and the Cancellation Policy. If you live in Florida, you also accept the Florida Weight Loss Consumer Bill of Rights and the Florida Consent.	☑
Select the state you live in	Arkansas

ADDITIONAL RESPONSES (CONT.)

firstname	Alexandra
lastname	Ruiz
dob	09/02/1984
18+ Disclosure : By submitting this form. I certify that I am over 18 years of age and that the date of birth provided in this form is legitimate and it belongs to me.	☑
address	1298 Electric Avenue, Springdale, AR, USA
Zip Code	72764
apartment#	D 203
feet	5
inches	2
email	ruizalexandra30@gmail.com
Phone Number	+1 479 396 9205
gender	Female
Have you been diagnosed with any mental health condition?	No

ADDITIONAL RESPONSES (CONT.)

Chronic Diseases: Do you have a history of any of the following?	No, none of these
Have you been diagnosed with any of the following conditions?	No, none of these apply to me
Have you or any of your family members ever been diagnosed with any of the following conditions?	No, none of these.
Do you have a personal history of medullary thyroid cancer?1	No
Do you have a personal history of multiple endocrine neoplasia type-2?	No
Do you have a personal history of medullary thyroid cancer?	No
Do you have a personal history of gastroparesis (delayed stomach emptying)?	No
Have you ever undergone any surgeries or medical procedures?	Yes
Are you currently taking, or have you ever taken, a GLP-1 medication?	I have never taken a GLP-1 medication
Do you usually present side effects when starting a new medication?	I don't experience side effects
Would you be interested in your provider considering a personalized treatment plan to help you manage these side effects?	Yes

Legal Disclosures & Consents

• Privacy Policy & HIPAA Compliance: I understand my health data is stored securely in accordance with HIPAA regulations and will be used solely for treatment coordination. I acknowledge that my protected health information (PHI) will be shared only with authorized healthcare providers and pharmacy partners involved in my care.

• Weight-Loss Treatment Consent: I authorize EONMEDS and its affiliated medical professionals to review my intake form, laboratory results, vital signs, and medical history to determine candidacy for GLP-1 receptor agonists and adjunct therapies. I understand that treatment recommendations are based on medical evaluation and may be modified or discontinued based on clinical response.

• Telehealth Services Agreement: I consent to receive healthcare services via telehealth technology and understand that these services are subject to the same standards of care as in-person visits. I acknowledge that technical issues may occasionally affect service delivery and that alternative arrangements will be made when necessary.

• Financial Responsibility & Cancellation Policy: I understand that cancellations or rescheduling within 24 hours of scheduled appointments may incur fees up to the full consultation cost. I acknowledge responsibility for all charges not covered by insurance and agree to the payment terms outlined in the financial agreement.

• Informed Consent & Risk Acknowledgment: I have been informed of the potential risks, benefits, and alternatives to GLP-1 therapy. I understand that individual results may vary and that no specific outcome is guaranteed. I agree to report any adverse effects immediately to my healthcare provider.

Digitally signed by

Alexandra Ruiz

11/22/2025, 12:21:15 AM

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