



## Medical Intake Summary

Submission ID: 6malLTB74D9rFTiSdP47

### Patient Profile

PATIENT

**Amparo Lopez**

DOB

**06/29/1969**

GENDER

**Female**

PHONE

**9132323433**

EMAIL

**amparolopez2007@gmail.com**

ADDRESS

**1848 North 51st Terrace, Kansas City, KS, USA**

**Kansas City, KS 66102**

### MOTIVATION & CONSENT

How would your life change by losing weight?

I need to lose weight to better manage my blood pressure and feel more active with my kids.

Terms of Use / Consents

Yes

State of Residence

TX

Marketing Consent

Yes

### VITALS & GOALS

Ideal Weight

180

VITALS & GOALS (CONT.)

|                 |        |
|-----------------|--------|
| Starting Weight | 220    |
| Height (feet)   | 5'11"  |
| BMI             | 30.7   |
| Pounds to Lose  | 40 lbs |

LIFESTYLE & ACTIVITY

|                         |                               |
|-------------------------|-------------------------------|
| Daily Physical Activity | Light - 30-60 minutes per day |
| Alcohol Intake          | Rarely                        |

MEDICAL & MENTAL HEALTH HISTORY

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Mental Health Diagnosis          | Yes                                   |
| Mental Health Details            | Anxiety - managed with therapy        |
| Chronic Illness                  | Yes                                   |
| Chronic Illness Details          | Hypertension diagnosed 2020           |
| Chronic Diseases History         | High blood pressure, High cholesterol |
| Current Conditions               | Hypertension, Hyperlipidemia          |
| Family History                   | Heart disease, Diabetes, Obesity      |
| Medullary Thyroid Cancer History | No                                    |

MEDICAL & MENTAL HEALTH HISTORY (CONT.)

|                           |                          |
|---------------------------|--------------------------|
| MEN Type-2 History        | No                       |
| Gastroparesis History     | No                       |
| Type 2 Diabetes           | No                       |
| Pregnant or Breastfeeding | No                       |
| Surgeries or Procedures   | Gallbladder removal 2018 |
| Blood Pressure            | 145/90                   |
| Weight Loss Procedures    | None                     |
| Allergies                 | Yes                      |
| List of Allergies         | Penicillin               |

MEDICATIONS & GLP-1 HISTORY

|  |                            |
|--|----------------------------|
| GLP-1 Medication History                         | Yes                        |
| Side Effects When Starting Medication            | Nausea, decreased appetite |
| Interested in Personalized Plan for Side Effects | Yes                        |
| Current GLP-1 Medication                         | Previously tried Ozempic   |
| Semaglutide Dose                                 | 0.5mg                      |

MEDICATIONS & GLP-1 HISTORY (CONT.)

|                                   |  |
|-----------------------------------|--|
| Semaglutide Side Effects          | Mild nausea initially  |
| Semaglutide Success               | Lost 15 lbs but plateaued  |
| Satisfied with Current GLP-1 Dose | No - need adjustment   |
| Current Medications/Supplements   | Yes  |
| Medication/Supplement Details     | Lisinopril 10mg daily, Atorvastatin 20mg daily, Omega-3, Magnesium |

REFERRAL SOURCE

|                            |                 |
|----------------------------|-----------------|
| How did you hear about us? | Friend referral |
|----------------------------|-----------------|

ADDITIONAL RESPONSES

|               |   |
|---------------|---|
| First Name    | Amparo  |
| Last Name     | Lopez   |
| Email         | amparolopez2007@gmail.com                     |
| Phone         | 9132323433                                    |
| Date of Birth | 1969-06-29                                    |
| Gender        | Female  |
| Address       | 1848 North 51st Terrace, Kansas City, KS, USA |
| City          | Kansas City                                   |

ADDITIONAL RESPONSES (CONT.)

|          |       |
|----------|-------|
| State    | KS    |
| Zip Code | 66102 |

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

**Amparo Lopez**

11/23/2025, 7:51:28 PM

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