



Medical Intake Summary

Submission ID: n2D5TE9AJJlbU3gvydt

Patient Profile

PATIENT

Eydi Tomas

DOB

05/24/2006

GENDER

Female

PHONE

5617020608

EMAIL

eyditomas@icloud.com

ADDRESS

511 E Gresham Dr, Smyrna, TN, USA

Smyrna, TN 37167

MOTIVATION & CONSENT

How would your life change by losing weight?

Enjoying how your clothes fit , Feeling better about yourself

Marketing Consent



VITALS & GOALS

Ideal Weight

115

Starting Weight

170

BMI

32.12

Pounds to Lose

55.00

LIFESTYLE & ACTIVITY

Daily Physical Activity	2
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MEDICAL & MENTAL HEALTH HISTORY

Chronic Illness	No
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Type 2 Diabetes	No
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Pregnant or Breastfeeding	No
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Blood Pressure	I don't know the answer to this.
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Allergies	No
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REFERRAL SOURCE

How did you hear about us?	Facebook
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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.	<input checked="" type="checkbox"/>
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Select the state you live in	Tennessee
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firstname	Eydi
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lastname	Tomas
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ADDITIONAL RESPONSES (CONT.)

dob	05/24/2006
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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.	<input type="checkbox"/>
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address	511 E Gresham Dr, Smyrna, TN, USA
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Zip Code	37167
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feet	5
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inches	1
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email	eyditomas@icloud.com
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Phone Number	+1 561 702 0608
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gender	Female
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Have you been diagnosed with any mental health condition?	No
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Chronic Diseases: Do you have a history of any of the following?	No, none of these
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Have you been diagnosed with any of the following conditions?	No, none of these apply to me
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Have you or any of your family members ever been diagnosed with any of the following conditions?	No, none of these.
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ADDITIONAL RESPONSES (CONT.)

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? No

Are you currently taking, or have you ever taken, a GLP-1 medication? I have taken a GLP-1 medication in the past but I'm not currently

Which GLP-1 medication are you currently taking? Tirzepatide

What dose of injectable Tirzepatide (Mounjaro, Zepbound, compounded) are you currently taking? 2.5mg

How successful has your experience been with tirzepatide (Mounjaro®, Zepbound®) Tirzepatide- Not successful – I didn't lose much weight

Have you experienced any of the following side effects from Tirzepatide (Mounjaro, Zepbound)? Tirzepatide- Abdominal pain

ADDITIONAL RESPONSES (CONT.)

Are you happy with your current GLP-1 dose?	Yes, but I would like to increase my dose if higher doses are available and it's okay for me
Do you currently take any medications or supplements?	No
How often do you have 5 or more alcoholic drinks at once?	I never do
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
Eydi Tomas
11/21/2025, 12:35:54 PM
Submission ID: n2D5TE9AJJlbU3gydt