



Medical Intake Summary

Submission ID: QhJj9OcTGkg9a06ibRI8

Patient Profile

PATIENT

Loida Vega

DOB

03/27/1962

GENDER

Female

PHONE

8135983654

EMAIL

loidayauco@gmail.com

ADDRESS

101 Murray Street, Bangor, PA, USA

2n

Bangor, PA 18013

MOTIVATION & CONSENT

How would your life change by losing weight?

Enjoying how your clothes fit , Getting your energy back, Feeling better about yourself, Improving your overall health

Marketing Consent

?

VITALS & GOALS

Ideal Weight 172

Starting Weight 172

BMI 32.50

VITALS & GOALS (CONT.)

Pounds to Lose 0.00

LIFESTYLE & ACTIVITY

Daily Physical Activity 5-Very active

MEDICAL & MENTAL HEALTH HISTORY

Chronic Illness Yes

Type 2 Diabetes No

Pregnant or Breastfeeding No

Surgeries or Procedures No, none of these

Blood Pressure I don't know the answer to this.

REFERRAL SOURCE

How did you hear about us? Facebook

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 Pennsylvania

ADDITIONAL RESPONSES (CONT.)

firstname	Loida
lastname	Vega
dob	03/27/1962
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	101 Murray Street, Bangor, PA, USA
Zip Code	18013
apartment#	2n
feet	5
inches	1
email	loidayauco@gmail.com
Phone Number	+1 813 598 3654
gender	Female
Have you been diagnosed with any mental health condition?	No

ADDITIONAL RESPONSES (CONT.)

What type of chronic condition or illness do you have?
Diabetes y Multiplesclerosis Avanzada

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?
Type 1 Diabetes

Have you or any of your family members ever been diagnosed with any of the following conditions?
Medullary thyroid cancer

Do you have a personal history of medullary thyroid cancer?
No

Do you have a personal history of multiple endocrine neoplasia type-2?
No

Do you have a personal history of medullary thyroid cancer?
Yes

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

ADDITIONAL RESPONSES (CONT.)

Would you be interested in your provider considering a personalized treatment plan to help you manage these side effects? No

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

Loida Vega

11/21/2025, 6:00:37 AM

Submission ID: Qhjj9OcTGkg9a06ibRl8