



# Medical Intake Summary

Submission ID: medical-test-1763985707

## Patient Profile

PATIENT  
Testpatient Withmedicaldata  
DOB  
01/15/1985  
GENDER  
Female  
PHONE  
5550199  
EMAIL  
medical.test@example.com  
ADDRESS  
456 Medical Center Blvd  
Tampa, FL 33602

## VITALS & GOALS

BMI	31.5
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## MEDICAL & MENTAL HEALTH HISTORY

Blood Pressure	135/85
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Allergies	Penicillin (rash), Sulfa drugs (hives)
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## ADDITIONAL MEDICAL INFORMATION

Current Medications	Metformin 1000mg twice daily, Lisinopril 10mg daily, Atorvastatin 20mg daily
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Medical Conditions	Type 2 Diabetes (diagnosed 2020), Hypertension (diagnosed 2018), Hyperlipidemia
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ADDITIONAL MEDICAL INFORMATION (CONT.)

Previous Weight Loss Medications	Phentermine (2019) - discontinued due to increased heart rate
Surgical History	Appendectomy (2015), C-section (2012)
Family Medical History	Mother: Type 2 Diabetes, Father: Hypertension and Heart Disease, Sister: PCOS
Current Weight	195 lbs
Goal Weight	155 lbs
Mental Health History	Anxiety disorder, currently managed with therapy
GLP-1 Interest	Very interested in Semaglutide or Tirzepatide
Previous GLP-1 Experience	None
Breastfeeding	No
Additional Medical Notes	Patient reports good medication compliance. Interested in comprehensive weight management program including nutrition counseling. Has tried multiple diets with temporary success. Last A1C was 7.2%. Recent lipid panel shows improvement on statin therapy.
Telehealth Consent	Yes

ADDITIONAL RESPONSES

First Name	Test Patient
Last Name	With Medical Data

ADDITIONAL RESPONSES (CONT.)

Email	medical.test@example.com
Phone Number	555-0199
Date of Birth	01/15/1985
Gender	Female
Street Address	456 Medical Center Blvd
City	Tampa
State	FL
ZIP Code	33602
Chief Complaint	Weight management consultation for GLP-1 therapy
Height	5 feet 6 inches
Heart Rate	78 bpm
Exercise Frequency	2-3 times per week, 30 minutes cardio
Diet Type	Low carb, trying to follow diabetic diet
Depression Screening	PHQ-9 score: 8 (mild depression)
Sleep Patterns	6-7 hours per night, occasional insomnia

## ADDITIONAL RESPONSES (CONT.)

Stress Level	Moderate to high due to work
Tobacco Use	Never smoker
Alcohol Use	Social drinker, 2-3 drinks per week
Contraindications Check	No history of pancreatitis, thyroid cancer, or MEN syndrome
Pregnancy Status	Not pregnant, using birth control
Insurance	Blue Cross Blue Shield PPO
Pharmacy Preference	CVS Pharmacy on Main Street
Emergency Contact	John With Medical Data (spouse) - 555-0200
Consent Given	Yes
HIPAA Authorization	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

**Testpatient Withmedicaldata**

11/24/2025, 7:01:48 AM

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