



Medical Intake Summary

Submission ID: sub-final-1764103972

Patient Profile

PATIENT
Final Test

DOB
01/01/1900

GENDER
Male

PHONE
5559999

EMAIL
final@test.com

ADDRESS
—

ADDITIONAL RESPONSES

| | |
|------------|----------------|
| First Name | Final |
| Last Name | Test |
| Email | final@test.com |
| Phone | 555-9999 |

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

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11/25/2025, 3:52:52 PM

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