



## Medical Intake Summary

Submission ID: MMEopBvr8kw3Xzvleas

### Patient Profile

PATIENT

**Cecilia Gomez**

DOB

**04/16/1999**

GENDER

**Female**

PHONE

**7086154298**

EMAIL

**ceciliagomez177@gmail.com**

ADDRESS

**431 Lawrence Avenue North, Chicago Heights, IL, USA**

**Casa**

**Chicago Heights, IL 60411**

### MOTIVATION & CONSENT

How would your life change by losing weight?

Improving your overall health

Marketing Consent



### VITALS & GOALS

Ideal Weight

180

Starting Weight

180

BMI

34.01

VITALS & GOALS (CONT.)

Pounds to Lose	0.00
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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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Surgeries or Procedures	No, none of these
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Blood Pressure	Less than 120/80
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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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## ADDITIONAL RESPONSES (CONT.)

Select the state you live in	Illinois
firstname	Cecilia
lastname	Gomez
dob	04/16/1999
<p>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.</p> <p><input type="checkbox"/></p>	
address	431 Lawrence Avenue North, Chicago Heights, IL, USA
Zip Code	60411
apartment#	Casa
feet	5
inches	1
email	Ceciliagomez177@gmail.com
Phone Number	+1 708 615 4298
gender	Female
Have you been diagnosed with any mental health condition?	No

## ADDITIONAL RESPONSES (CONT.)

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?

No, none of these apply to me

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

Diabetes type 2

Do you have a personal history of medullary thyroid cancer?<sup>1</sup>

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?

Yes

Are you currently taking, or have you ever taken, a GLP-1 medication?

I am currently taking a GLP1 medication

Which GLP-1 medication are you currently taking?

Semaglutide

What dose of injectable Semaglutide (Ozempic, Wegovy, compounded) are you currently taking?

0.25mg

## ADDITIONAL RESPONSES (CONT.)

Have you experienced any of the following side effects from semaglutide (Ozempic, Wegovy)?

Semaglutide- Nausea/Vomiting

How successful has your experience been with semaglutide (ozempic®, wegovy®)

Sema- Somewhat successful — I lost weight but gained some back

Are you happy with your current GLP-1 dose?

Yes, I want to keep my current dose

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?

Headaches

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

**Cecilia Gomez**

11/21/2025, 6:51:56 PM

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