



Medical Intake Summary

Submission ID: DEMO-1763511820250

Patient Profile

PATIENT
Sandra Soltero

DOB
05/24/1981

GENDER
Female

PHONE
18315128990

EMAIL
ssoltero24@gmail.com

ADDRESS
**245 Burgundy Drive
Greenfield, CA 93927**

MOTIVATION & CONSENT

How would your life change by losing weight?	Enjoying how your clothes fit, Having more confidence, Getting your energy back, Feeling better about yourself, Improving your overall health
Terms of Use / Consents	Yes
State of Residence	California
Marketing Consent	Yes

VITALS & GOALS

Ideal Weight	145
Starting Weight	161
Height (feet)	5

VITALS & GOALS (CONT.)

Height (inches)	4
BMI	27.68
Pounds to Lose	16.00

LIFESTYLE & ACTIVITY

Daily Physical Activity	Moderate - I exercise 2-3 times per week
Alcohol Intake	Never

MEDICAL & MENTAL HEALTH HISTORY

Mental Health Diagnosis	No
Chronic Illness	No
Chronic Diseases History	None
Current Conditions	None
Family History	Diabetes
Medullary Thyroid Cancer History	No
MEN Type-2 History	No
Gastroparesis History	No
Type 2 Diabetes	No
Pregnant or Breastfeeding	No
Surgeries or Procedures	None
Blood Pressure	120/80

MEDICAL & MENTAL HEALTH HISTORY (CONT.)

Weight Loss Procedures	None
Allergies	No

MEDICATIONS & GLP-1 HISTORY

GLP-1 Medication History	Yes
Current GLP-1 Medication	Semaglutide
Semaglutide Dose	0.25mg
Semaglutide Side Effects	Mild nausea
Semaglutide Success	Very successful
Satisfied with Current GLP-1 Dose	Yes
Current Medications/Supplements	Vitamin D

REFERRAL SOURCE

How did you hear about us?	Google Search
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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

Sandra Soltero

11/18/2025, 7:23:40 PM

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