Medical Intake Summary

Submission ID: weight-loss-1763813973618

Patient Profile

PATIENT
Unknown Unknown

DOB
01/01/1900

GENDER
Male

PHONE
0000000000

EMAIL
unknown@example.com

ADDRESS
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MOTIVATION & CONSENT

How would your life change by losing weight?	I want to improve my athletic performance and achieve my fitness goals.
Terms of Use / Consents	Yes
State of Residence	TX
Marketing Consent	Yes

VITALS & GOALS

Ideal Weight	155
Starting Weight	175

VITALS & GOALS (CONT.)

Height (feet)	5'7"
BMI	27.4
Pounds to Lose	20 lbs

LIFESTYLE & ACTIVITY

Daily Physical Activity	Moderate - exercise 3-4 times per week
Alcohol Intake	3-4 drinks per week

MEDICAL & MENTAL HEALTH HISTORY

Mental Health Diagnosis	No
Chronic Illness	No
Chronic Diseases History	None
Current Conditions	None
Family History	High cholesterol
Medullary Thyroid Cancer History	No
MEN Type-2 History	No
Gastroparesis History	No
Type 2 Diabetes	No

MEDICAL & MENTAL HEALTH HISTORY (CONT.)

Pregnant or Breastfeeding	No
Surgeries or Procedures	ACL repair 2019
Blood Pressure	120/75
Weight Loss Procedures	None
Allergies	Yes
List of Allergies	Seasonal allergies, shellfish

MEDICATIONS & GLP-1 HISTORY

GLP-1 Medication History	No
Side Effects When Starting Medication	N/A
Interested in Personalized Plan for Side Effects	Yes
Current Medications/Supplements	Yes
Medication/Supplement Details	Protein powder, Creatine, B-complex vitamins, Fish oil

REFERRAL SOURCE

How did you hear about us?	Instagram ad

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

Unknown Unknown

11/22/2025, 7:19:36 AM

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