



# Medical Intake Summary

Submission ID: test-intake-1768319650

## Patient Profile

PATIENT

Test Webhook

DOB

05/15/1985

GENDER

Male

PHONE

555112222

EMAIL

webhook.test@example.com

ADDRESS

100 Test Street

Miami, FL 33101

## MEDICAL & MENTAL HEALTH HISTORY

Allergies

Penicillin

## ADDITIONAL MEDICAL INFORMATION

Current Medications

Metformin 500mg

Medical Conditions

Type 2 Diabetes

## ADDITIONAL RESPONSES

First Name

Test

Last Name

Webhook

Email

webhook.test@example.com

## ADDITIONAL RESPONSES (CONT.)

Phone	5551112222
Date Of Birth	1985-05-15
Gender	Male
Street Address	100 Test Street
City	Miami
State	FL
Zip Code	33101
Reason For Visit	Weight management consultation
Chief Complaint	Looking for help with weight loss

## 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

**Test Webhook**

1/13/2026, 10:54:10 AM

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