



## Medical Intake Summary

Submission ID: 1VZSsrnvqF9K5Yw0owm

### Patient Profile

PATIENT

Viviana Maltby

DOB

02/09/1952

GENDER

Female

PHONE

3362296711

EMAIL

vivianamaltby@bellsouth.net

ADDRESS

112 West Elm Street, Graham, NC, USA  
Graham, NC 27253

### 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

Marketing Consent

?

### VITALS & GOALS

Ideal Weight 135

Starting Weight 170

BMI 31.09

## VITALS & GOALS (CONT.)

Pounds to Lose 35.00

## LIFESTYLE & ACTIVITY

Daily Physical Activity 1-Not Active

## MEDICAL & MENTAL HEALTH HISTORY

Chronic Illness Yes

Type 2 Diabetes No

Pregnant or Breastfeeding No

Surgeries or Procedures No, none of these

Blood Pressure Less than 120/80

## REFERRAL SOURCE

How did you hear about us? Facebook

## 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.

?

Select the state you live in North Carolina

## ADDITIONAL RESPONSES (CONT.)

firstname	Viviana
lastname	Maltby
dob	02/09/1952
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. <a href="#">?</a>	
address	112 West Elm Street, Graham, NC, USA
Zip Code	27253
feet	5
inches	2
email	vivanamaltby@bellsouth.net
Phone Number	+1 336 229 6711
gender	Female
Have you been diagnosed with any mental health condition?	No
What type of chronic condition or illness do you have?	Cholesterol, sleep apnea

## 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?      Obstructive Sleep Apnea

Have you or any of your family members ever been diagnosed with any of the following conditions?      No, none of these.

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 have never taken a GLP-1 medication

Do you usually present side effects when starting a new medication?      I don't experience side effects

Would you be interested in your provider considering a personalized treatment plan to help you manage these side effects?      No

## 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

**Viviana Maltby**

11/22/2025, 6:07:44 AM

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