



Medical Intake Summary

Submission ID: uHDbTlz0kUaiLKNR70cT

Patient Profile

PATIENT

Miriam Montiel

DOB

10/24/1982

GENDER

Female

PHONE

5134183052

EMAIL

darmor1124@gmail.com

ADDRESS

11796 Hamlet Road, Cincinnati, OH, USA
Cincinnati, OH 45240

MOTIVATION & CONSENT

How would your life change by losing weight?

I want to improve my energy levels and reduce my risk of developing diabetes like my parents.

Terms of Use / Consents

Yes

State of Residence

TX

Marketing Consent

Yes

VITALS & GOALS

Ideal Weight

165

VITALS & GOALS (CONT.)

| | |
|-----------------|--------|
| Starting Weight | 195 |
| Height (feet) | 5'9" |
| BMI | 28.8 |
| Pounds to Lose | 30 lbs |

LIFESTYLE & ACTIVITY

| | |
|-------------------------|--|
| Daily Physical Activity | Sedentary – less than 30 minutes per day |
| Alcohol Intake | 1-2 drinks per week |

MEDICAL & MENTAL HEALTH HISTORY

| | |
|----------------------------------|-------------------------------|
| Mental Health Diagnosis | No |
| Chronic Illness | No |
| Chronic Diseases History | High blood pressure |
| Current Conditions | Pre-diabetes |
| Family History | Diabetes, High blood pressure |
| Medullary Thyroid Cancer History | No |
| MEN Type-2 History | No |
| Gastroparesis History | No |

MEDICAL & MENTAL HEALTH HISTORY (CONT.)

| | |
|---------------------------|-------------------|
| Type 2 Diabetes | No |
| Pregnant or Breastfeeding | No |
| Surgeries or Procedures | Appendectomy 2015 |
| Blood Pressure | 135/85 |
| Weight Loss Procedures | None |
| Allergies | No |

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 | Daily multivitamin, Vitamin D 2000 IU |

REFERRAL SOURCE

| | |
|----------------------------|---------------|
| How did you hear about us? | Google search |
|----------------------------|---------------|

ADDITIONAL RESPONSES

| | |
|------------|--------|
| First Name | Miriam |
|------------|--------|

ADDITIONAL RESPONSES (CONT.)

| | |
|---------------|--|
| Last Name | Montiel |
| Email | darmor1124@gmail.com |
| Phone | 5134183052 |
| Date of Birth | 1982-10-24 |
| Gender | Female |
| Address | 11796 Hamlet Road, Cincinnati, OH, USA |
| City | Cincinnati |
| State | OH |
| Zip Code | 45240 |

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

Miriam Montiel

11/23/2025, 7:51:28 PM

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