



## Medical Intake Summary

Submission ID: 6mailLTB74D9rFTiSdP47

### Patient Profile

PATIENT

Amparo Lopez

DOB

06/29/1969

GENDER

Female

PHONE

9132323433

EMAIL

amparolopez2007@gmail.com

ADDRESS

1848 North 51st Terrace, Kansas City, KS, USA  
Kansas City, KS 66102

### MOTIVATION & CONSENT

How would your life change by losing weight?

I need to lose weight to better manage my blood pressure and feel more active with my kids.

Terms of Use / Consents

Yes

State of Residence

TX

Marketing Consent

Yes

### VITALS & GOALS

Ideal Weight

180

## VITALS & GOALS (CONT.)

Starting Weight	220
Height (feet)	5'11"
BMI	30.7
Pounds to Lose	40 lbs

## LIFESTYLE & ACTIVITY

Daily Physical Activity	Light - 30-60 minutes per day
Alcohol Intake	Rarely

## MEDICAL & MENTAL HEALTH HISTORY

Mental Health Diagnosis	Yes
Mental Health Details	Anxiety - managed with therapy
Chronic Illness	Yes
Chronic Illness Details	Hypertension diagnosed 2020
Chronic Diseases History	High blood pressure, High cholesterol
Current Conditions	Hypertension, Hyperlipidemia
Family History	Heart disease, Diabetes, Obesity
Medullary Thyroid Cancer History	No

## MEDICAL & MENTAL HEALTH HISTORY (CONT.)

MEN Type-2 History	No
Gastroparesis History	No
Type 2 Diabetes	No
Pregnant or Breastfeeding	No
Surgeries or Procedures	Gallbladder removal 2018
Blood Pressure	145/90
Weight Loss Procedures	None
Allergies	Yes
List of Allergies	Penicillin

## MEDICATIONS & GLP-1 HISTORY

GLP-1 Medication History	Yes
Side Effects When Starting Medication	Nausea, decreased appetite
Interested in Personalized Plan for Side Effects	Yes
Current GLP-1 Medication	Previously tried Ozempic
Semaglutide Dose	0.5mg

## MEDICATIONS & GLP-1 HISTORY (CONT.)

Semaglutide Side Effects	Mild nausea initially
Semaglutide Success	Lost 15 lbs but plateaued
Satisfied with Current GLP-1 Dose	No - need adjustment
Current Medications/Supplements	Yes
Medication/Supplement Details	Lisinopril 10mg daily, Atorvastatin 20mg daily, Omega-3, Magnesium

## REFERRAL SOURCE

How did you hear about us?	Friend referral
----------------------------	-----------------

## ADDITIONAL RESPONSES

First Name	Amparo
Last Name	Lopez
Email	amparolopez2007@gmail.com
Phone	9132323433
Date of Birth	1969-06-29
Gender	Female
Address	1848 North 51st Terrace, Kansas City, KS, USA
City	Kansas City

## ADDITIONAL RESPONSES (CONT.)

State	KS
Zip Code	66102

### 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

**Amparo Lopez**

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

Submission ID: 6mailTB74D9rFTiSdP47