



## Medical Intake Summary

Submission ID: eonmeds-intake-1768321703

### Patient Profile

PATIENT

**Sarah Johnson**

DOB

**07/22/1988**

GENDER

**Female**

PHONE

**3055551234**

EMAIL

**sarah.johnson@eonmeds-test.com**

ADDRESS

**456 Palm Beach Road**

**Suite 200**

**Fort Lauderdale, FL 33301**

### VITALS & GOALS

BMI **29.9**

### MEDICAL & MENTAL HEALTH HISTORY

Family History **Mother - Type 2 Diabetes; Father - Heart Disease**

Blood Pressure **128/82**

Allergies **Sulfa drugs, Latex**

### ADDITIONAL MEDICAL INFORMATION

Weight **185**

## ADDITIONAL MEDICAL INFORMATION (CONT.)

Current Medications	Metformin 1000mg twice daily, Lisinopril 10mg
Medical Conditions	Type 2 Diabetes, Pre-hypertension, PCOS
Mental Health History	Anxiety - managed with therapy
Surgical History	Appendectomy 2015
Glp1History	Previously tried Ozempic for 3 months
Medication Preference	Tirzepatide
Health Goals	Lose 40 pounds, better blood sugar control, more energy

## ADDITIONAL RESPONSES

First Name	Sarah
Last Name	Johnson
Email	sarah.johnson@eonmeds-test.com
Phone	3055551234
Date Of Birth	1988-07-22
Gender	Female
Street Address	456 Palm Beach Road

## ADDITIONAL RESPONSES (CONT.)

Apartment	Suite 200
City	Fort Lauderdale
State	FL
Zip Code	33301
Height	5'6"
Chief Complaint	Struggling to lose weight despite diet and exercise
Reason For Visit	Weight loss program consultation
Tobacco Use	Never
Alcohol Use	Occasional - 1-2 drinks per week
Exercise Frequency	3 times per week - walking and yoga

## 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

**Sarah Johnson**

1/13/2026, 11:28:23 AM

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