ANGEL WALK WELLNESS

Tele-Medicine • Functional Medicine • Family & Heart Health

www.aww-center.com | 713-992-8628 | AngelWalkWellness@gmail.com

"Healing with Heart, Science, and Purpose"

PATIENT OUTCOME & FOLLOW-UP FORM

Visit Information:

• Patient Name: _____ • Date: _____

• Visit Type (Tele-Medicine / Consultation): _____ • Follow-Up In: _____

Clinical Notes:

• Chief Concerns / Updates: _____

• Key Findings / Assessment: _____

• Plan (lifestyle, medication*, supplements): _____

• Education Provided: _____

• Next Steps / Referrals: _____

• Provider Notes: _____

* Medications apply only in states where tele-medicine treatment is permitted (currently CA/NY) or under MD collaboration (e.g., TX).

Signatures:

Provider Signature (digital or ink): _____ Date: _____

Client Signature (digital or ink): _____ Date: _____

_____

Mei Chen, NP, FNP-C, ACNP-BC, CCRN

Founder & Director, Angel Walk Wellness

Date: _____