

# 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”

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## PATIENT INTAKE FORM

### Personal Information:

- Full Name: \_\_\_\_\_ • Date of Birth: \_\_\_\_\_
- Phone: \_\_\_\_\_ • Email: \_\_\_\_\_
- State of Residence: \_\_\_\_\_
- Emergency Contact (Name/Phone): \_\_\_\_\_
- Primary Care Provider: \_\_\_\_\_

### Health History:

- Current Diagnoses / Conditions: \_\_\_\_\_
- Current Medications (dose/frequency): \_\_\_\_\_
- Allergies / Sensitivities: \_\_\_\_\_
- Past Surgeries / Hospitalizations: \_\_\_\_\_
- Family History (heart disease, diabetes, etc.): \_\_\_\_\_

### Lifestyle & Goals:

- Primary Concerns / Goals: \_\_\_\_\_
- Nutrition & Supplements: \_\_\_\_\_
- Sleep / Stress / Physical Activity: \_\_\_\_\_

Acknowledgment:

I certify that the information provided is accurate to the best of my knowledge.

Client Signature (digital or ink): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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

Founder & Director, Angel Walk Wellness

Date: \_\_\_\_\_