ANGEL WALK WELLNESS

Evidence-Based Wellness & Telehealth Care
www.aww-center.com | contact@aww-center.com
Healing with Heart, Science, and Purpose

FOLLOW-UP / OUTCOME FORM

Use this form when requested before a follow-up visit. It is designed to help you summarize progress, challenges, and questions since your previous Angel Walk Wellness visit. Do not send a completed form through ordinary email or the public appointment-request form. Use the secure submission method provided by Angel Walk Wellness when applicable.

1. CLIENT / PATIENT INFORMATION

Full Name _____ Date _____

Previous Visit Date _____ Upcoming Visit Date (if scheduled) _____

[ ] Wellness & Educational Consultation [ ] Medical Telehealth

2. OVERALL PROGRESS

[ ] Much better [ ] Somewhat better [ ] About the same [ ] Somewhat worse [ ] Much worse

What has improved since your last visit?

What remains difficult or has become more challenging?

3. GOALS & HABITS

Which areas have you been working on?

[ ] Nutrition [ ] Physical activity [ ] Weight [ ] Blood pressure [ ] Blood sugar [ ] Cholesterol [ ] Sleep [ ] Stress [ ] Healthy aging [ ] Other

Which recommendations or habits have been easiest to follow?

Which recommendations or habits have been hardest to follow?

4. SELF-RATED OUTCOMES

Circle or mark one number for each item that applies. 1 = very poor / difficult, 10 = excellent / doing very well.

Energy	1 2 3 4 5 6 7 8 9 10
Sleep quality	1 2 3 4 5 6 7 8 9 10
Stress management	1 2 3 4 5 6 7 8 9 10
Confidence with healthy habits	1 2 3 4 5 6 7 8 9 10
Ability to stay physically active	1 2 3 4 5 6 7 8 9 10

5. CHANGES IN HEALTH OR TREATMENT

Have there been any new diagnoses, urgent care visits, emergency visits, hospitalizations, procedures, or significant health changes since your last visit?

[ ] No [ ] Yes - please describe below

Have there been any changes to prescription medications, over-the-counter medications, or supplements?

[ ] No [ ] Yes - please describe below

Any new medication, food, or other allergies / reactions?

[ ] No [ ] Yes - please describe below

6. HOME MEASUREMENTS OR RECENT RESULTS

Recent Blood Pressure (if known) _____

Recent Weight (optional) _____

Recent A1c / Glucose (if known) _____

Recent Waist (optional) _____

Recent laboratory results, imaging, or other measurements you want reviewed:

7. QUESTIONS FOR YOUR FOLLOW-UP

What are the most important questions or concerns you want to discuss?

8. NEXT-STEP PRIORITIES

What would you most like to focus on next?

9. ACKNOWLEDGMENT

I understand that this form is intended to support follow-up discussion and does not replace urgent or emergency medical care. I will provide information as accurately as I can and will seek appropriate medical attention for new, severe, or worsening symptoms when needed.

Client / Patient Signature _____ Date _____

Provider: Mei Chen, ACNP-BC, FNP-C
Founder, Angel Walk Wellness