

**3 Angels Health & Wellness Center**  
**640 S San Vicente Blvd #420**  
**Los Angeles, CA 90048**  
**Phone: (323) 452-9555**  
**Fax: (323) 452-9550**

**New Patient Introduction Form**

**Patient Name:**

**Date:**

**1. Chief Concerns:**

**2. Medications and/or Nutritional Supplements currently on:**

**3. Dietary Intake for 2 days before appointment:**

**Breakfast:**

**Breakfast:**

**Snacks:**

**Snacks:**

**Lunch:**

**Lunch:**

**Snacks:**

**Snacks:**

**Dinner:**

**Dinner:**

**Snacks:**

**Snacks:**