Welcome to Biologic Healthcare

Our practice has a multitude of success stories—yours can be next!

Thank you for placing trust in us as your partner for restoring and maintaining vitality and health. Biologic Healthcare (BH) is dedicated to providing effective, high quality, evidence-based care. We are patient-centered and take your circumstances into account when devising realistic treatments and lifestyle changes. Our practitioners have a core philosophy that promises to educate, support and guide members of the community toward optimal wellness.

With our Integrative Medicine model, we use conventional approaches when necessary, but focus on scientifically sound, natural, less invasive options. Within this model, Functional Medicine offers a powerful methodology. We evaluate many factors that may initiate or contribute to loss of normal function or perpetuation of illness in the context of your personal and family history. We look for and address root causes, not just symptoms, and strengthen the body's innate ability to heal. We are glad to collaborate with non-affiliated traditional or complementary practitioners in your current team.

Please take time to fill out the registration and new patient intake forms and return to the office. Once these are received, we will contact you.

Many of us find interactions with the healthcare system stressful. Our intention is to make your visits to BH comfortable and constructive. We look forward to working with you towards our common goal — fostering a sustainable lifestyle that is healthy, balanced and informed.

Sincerely,

Biologic Healthcare

biologic HEALTHCARE

sensible approaches to your well-being

205 Main Street • Brattleboro, VT 05301 • 802.275.4732 • FAX 802.275.4738
www.biologichealthcare.com

Demographic Form

We cannot process your paperwork unless all required fields are completed (indicated in ***BOLD** below).
We also need **photocopies of all insurance cards** for our records.

***Last Name**	***First Name**	MI	Date
Maiden Name	***Date of Birth**	Age	***Gender** ❒ Female ❒ Male ❒ Undifferentiated
***Race** ❒ American Indian or Alaska Native ❒ Asian ❒ Black or African American ❒ Hispanic or Latino			
❒ Native Hawaiian or Other Pacific Islander ❒ White ❒ Unknown ❒ Other ❒ Decline			
***Ethnicity** ❒ Hispanic or Latino ❒ Not Hispanic or Latino ❒ Unknown ❒ Decline			
***Preferred Language**			
***Mailing Address**			
***Street Address** if different from mailiing			
***City**	***State**		***Zip**
***Telephone (Home)**	**(Work)**		**(Cell)**
***Email Address**		***May we contact you by email?** ❒ Yes ❒ No	
***Where may we leave messages?** ❒ Home ❒ Work ❒ Cell			
***Where do you prefer to receive your appointment reminder message?** ❒ Home ❒ Cell ❒ Email ❒ Text			
Parent(s) / Guardian(s) Name / Healthcare proxy			
Do you have advance directives? ❒ Yes ❒ No			
Relationship Status ❒ Married ❒ Partnership ❒ Separated ❒ Divorced ❒ Widowed ❒ Single			
Live with ❒ Spouse ❒ Partner ❒ Parents ❒ Children ❒ Friends ❒ Alone ❒ Roommates			
***Employment Status** ❒ Employed ❒ Unemployed ❒ Full time student ❒ Part time student			
Occupation			Hours per week
Employer Name and Address			
***Emergency Contact** First/Last Name	***Relationship**		***Contact Phone**
***Primary Care Physician**	Preferred Pharmacy		
***Primary Care Giver**			
How did you hear about Biologic Healthcare?			

Green Mountain Care
***Insurance Verification**: ❒ BC/BS ❒ Cigna ❒ MVP ❒ CBA ❒ Medicaid/VHAP ❒ Medicare ❒ Self-Pay

***ID/Policy #**:	***Group/Acct #**:
***Subscriber Full Name**:	***Subscriber/ Policyholder Date of birth**:

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Thank you for your interest in Biologic Healthcare. At this time, we are accepting new patients. However, our approach to patient care offers a different perspective, focusing on Lifestyle and Functional Medicine. Recognizing that this model is not right for everyone, we have developed a brief questionnaire to ensure our providers are the most appropriate fit for your needs.

Name:	Date:	Birth Date:	Age:

Telephone: ❒ Home: ❒ Cell:

Please check preferred telephone number for communication.

1. What services do you most value at Biologic?

2. What is your most immediate health concern?

3. What are you feeling positive about regarding our healthcare services?

4. What obstacles are preventing you from reaching your wellness goals?

5. How willing are you to changing your lifestyle (nutrition, activity, stress-coping mechanism) to support your optimal well-being?

6. Are you interested in Primary Care or Specialty Care?

7. Do you have a prefered healthcare provider at Biologic?