

WELCOME

Thank you for your interest in Biologic Healthcare. At this time, we are accepting new patients. 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: _____ Birth Date: _____ Age: _____ Date: _____

Telephone: Home: _____ Cell: _____ Email: _____

Primary Insurance _____ ID: _____

1. What services do you most value at Biologic?

2. What is your most immediate health concern?

Health Concern	Current treatment?	Who is treating this?

Current Medications/Supplements*	Dose	Times/Day	Current Prescriber

**Please specify specific brand. Use additional pages if needed.*

HEALTHCARE PROVIDERS	Provider/Group Name (Current)	Last Seen (month/year)
Primary Care Practitioner		
OB/GYN		
Other/Specialist		

Preferred Provider at Biologic. Please note your choice may be limited by your insurance.

- Samantha K. Eagle**, MS, ND • Specialty Care • No Medicare
- Casey B. Johnson**, MD (“Doc Bayley”) • Primary Care • Accepts Medicare
- Brenton C. Murphy**, MPH, ND • Primary Care and Specialty Care • No Medicare
- Cheryl D. Proctor**, MA, ND • Acupuncture • No Medicare

