

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

