



## PROSPECTIVE NEW PATIENT QUESTIONNAIRE

Thank you for your interest in **Be Hive of Healing**. WE ARE committed to providing extraordinary Healing Care for patients globally, who are open and receptive to integrative NATURAL medicine. Our doctors will review each request on an individual basis and then a medical staff will contact you regarding the status of your request. Please note that we currently have a large number of new patient requests and we appreciate your cooperation. **NOTE:** *Please print out this form and complete by hand, preferably. Again, thank you for choosing to take your first step toward your Healing Journey - NOW.*

First Name:	Last Name:	Date of Birth:	
Mailing Address:		E-Mail Address:	
Phone Numbers:	Cell -	Home -	
Who Referred You:	Name -	Phone Number -	
Are you seeing another doctor for a condition? Please explain:			
Briefly explain the reason you would like to see our doctors:			
List any medications you are currently taking or have taken in the recent past:			
Medication Name	Year Started (yyyy)	Year Stopped (yyyy)	Dosage (amount/# daily)
List any vitamins, herbs, or nutritional supplements you are currently taking:			
Supplement Name	Year Started (yyyy)	Year Stopped (yyyy)	Dosage (amount/# daily)
Would you like to receive our monthly newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No (View our recent newsletters at <a href="http://behiveofhealing.com/newsletters">http://behiveofhealing.com/newsletters</a> )			

Please note that Be Hive of Healing operates on a "fee-for-service" basis. We do not have contracts with insurance companies and have an "Opt-Out" status with Medicare. Payment for our services is due on or before the time the services are provided. Thank you.

**NOTE: Please return the completed form to either of the following options:**

**MAIL:** Be Hive of Healing Integrative Medical and Dental Center, ATTN: New Patient Request,

5017 Lewis Road, Suite A, Agoura Hills, California 91301, USA

**E-MAIL:** [admin@behiveofhealing.com](mailto:admin@behiveofhealing.com) **FAX:** 1 (818) 452-4488

For any questions, please call: 1 (818) 452-4483