

PROSPECTIVE NEW PATIENT QUESTIONNAIRE

Thank you for your interest in Dr. Sadeghi and *Be Hive of Healing*.

Considering the fact that we are both committed in providing care for our existing patients as well as extending our services to prospective new patients, who are open to healing through integrative medicine, Dr. Sadeghi will review each request on an individual basis and one of his 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 a patient waiting list which may delay the new patient selection process. We appreciate your patience and cooperation. In the mean time, be sure to seek the professional medical attention that you must receive for your existing medical condition.

YOUR NAME:	First:	Last:
E-MAIL ADDRESS:	DATE OF BIRTH:	
MAILING ADDRESS:		
PHONE NUMBERS:	Cell:	Home:
WHO REFERED YOU?	Name:	Phone Number:
Are you seeing a Dr. for your condition? Please explain.		
Briefly explain the reason you would like to see Dr. Sadeghi:		
Would you like to receive our Newsletter? __YES __NO		

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. Be well.

Note: Please return the completed form to:
Be Hive of Healing Medical Center
Attn: New Patient Request
11695 National Boulevard,
Los Angeles, CA 90064
E-mail: admin@behiveofhealing.com
FAX: (310) 914-4533