

Original Date:
Date Received:

BE WELL ASSOCIATE QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential

Name <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	
City and State:			
Support System : Are you single? Do you have a family? Children? Close friends near?:			
Type of Cancer:		Date of diagnosis:	

Contact information:			
When is the best time to schedule your FREE conference call?	<input type="checkbox"/> Mornings 9-11pm EST	<input type="checkbox"/> phone number	
	<input type="checkbox"/> Afternoon 12-2pm EST	<input type="checkbox"/> phone number	
	<input type="checkbox"/> Evenings 5-7pm EST	<input type="checkbox"/> phone number	

Prepared Questions that you have

Payment information:		
Type	Account Number	Expiration date

All information is kept confidential and not shared to any other agency, organization, business, health organization, and becomes exclusively maintained at You're Entitled, Inc as part of the client's receipt. You name or information will not be shared to ANY data list, marketing mailing, newsletter including You're Entitled, Inc, unless otherwise requested. Information provided to the client by Be Well Associates, as a division of You're Entitled, Inc on the behalf of the said client will be transmitted verbally to the client and the client directly via telephone. For this reason Be Well Associates will always call the client at the number specified as being the client. No vital statistics or personal information, such as age, type of diagnosis, dates of diagnosis, gender, income, place of employment, or any other medical information will be shared via email unless authorized by the client.

I Agree
 I Disagree