

5675 N Oracle Rd, Suite 3101 Tucson, AZ 85704 Phone: 520.333.3320 www.intuitionwellness.com

## CLIENT INFORMATION - ADULT

Client Name:	Date of Birth:		
Preferred First Name:			
Sex Assigned at Birth (designated on birth certificate/per healthcare insurance): $\Box M \Box F$			
Martial Status: □ Single □ Married □ Cohabita	ating 🗆 Other		
<b>Employment:</b> $\Box$ Full-time Student $\Box$ Part-time Student $\Box$ Employed $\Box$ Unemployed/Other			
Address:			
Street	City	State	Zip
Preferred Phone:	Preferred Email:		
🛮 Mobile 🔻 Work 🗘 Home			
Voice messages □ Yes □ No Email mess	sages 🗆 Yes 🕩 No 🛮 Email a	ppt. reminders 🏻 🖰	Yes □ No
Person Responsible for Payment (skip if s	ame as above)		
ame: Relationship to Client: □ Spouse □ Partner			
□ Parent □ Other:			
Address: □ Same as client			
Street	City	State	Zip
Preferred Phone:	_ Preferred Email:		
Payment Contact: Voice messages □ Yes □ No Email messages □ Yes □ No			
Primary Insurance			
Insurance: □ BCBSAZ □ Aetna □ Other:			
Subscriber's Name:	Subscriber's Date of Birth:		
Sex Assigned at Birth (designated on birth certif	ficate/per healthcare insurance)	: □ M □ F	
Subscriber's Relationship to Client: □ Self □ Pa	arent 🏻 Stepparent 🗘 Guardia	n □ Spouse □ Par	tner
Other: Company/School:			
Address: □ Same as client			
Street	City	State	Zip
Preferred Phone:	_ Preferred Email:		
Secondary Insurance			

## **Emergency Contact** Relationship to Client: □ Spouse □ Partner □ Parent □ Other: Address: □ Same as client \_\_\_\_\_\_ Street City State Zip Preferred Phone: Preferred Email: Voice messages □ Yes □ No Email messages □ Yes □ No **Primary Care Physician** Name: \_\_\_\_\_\_ Practice: \_\_\_\_\_\_ Phone: \_\_\_\_\_ "Intuition Wellness Center provides integrated clinical services and wellness programs to clients without discrimination on the basis of gender identity and expression, sex, sexual orientation, race, color, national or ethnic origin, citizenship, marital status, religious beliefs, age, ability, appearance or any other characteristic protected under applicable federal or state law." **Additional Information - Optional** While you are not required to answer the following questions, knowing more about the different facets of your identity helps Intuition Wellness Center team members support you through services that are truly tailored and inclusive. You may prefer to provide additional information privately during your appointment. Gender Identity: □ Male □ Female □ Transgender Male/FTM □ Transgender Female/MTF $\square$ Non-Binary $\square$ Genderqueer $\square$ Unknown $\square$ Choose not to disclose $\square$ Other\_\_\_\_\_ Sexual Orientation: ☐ Lesbian/Gay/Homosexual ☐ Straight/Heterosexual ☐ Bisexual ☐ Unknown □ Choose not to disclose □ Other: \_\_\_\_\_ **Pronoun:** □ they/them □ he/him □ she/her □ Other: \_\_\_\_\_ Race: Please check all that apply □ American Indian or Alaska Native □ Hispanic/Latino-a □ Asian □ Native Hawaiian or Other Pacific □ Black or African American □ White/Caucasian □ Other: \_\_\_\_\_ Ethnic Identity: \_\_\_\_\_

Primary Language Spoken at Home: