



*Client Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

## Emergency Contact

**Name:** \_\_\_\_\_

**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  
☐ Non-Binary ☐ Genderqueer ☐ Unknown ☐ Choose not to disclose ☐ 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

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic/Latino-a
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White/Caucasian
	<input type="checkbox"/> Other: _____

**Ethnic Identity:** \_\_\_\_\_

**Primary Language Spoken at Home:** \_\_\_\_\_