

CLIENT INFORMATION - YOUTH

Client Name: _____ **Date of Birth:** _____

Preferred First Name: _____

Sex Assigned at Birth (designated on birth certificate/per healthcare insurance): ☐ M ☐ F

Marital Status: ☐ Single ☐ Married ☐ Cohabiting ☐ Other

Employment: ☐ Full-time Student ☐ Part-time Student ☐ Employed ☐ Unemployed/Other

Address: _____
Street City State Zip

Primary Contact

Name: _____ **Relationship to Client:** ☐ Parent

☐ Stepparent ☐ Guardian ☐ Emergency Contact ☐ Other: _____

Address: ☐ Same as client _____
Street City State Zip

Preferred Phone: _____ **Preferred Email:** _____

Voice messages ☐ Yes ☐ No Email messages ☐ Yes ☐ No Email appt. reminders ☐ Yes ☐ No

Person(s) Responsible for Payment: _____

Secondary Contact

Name: _____ **Relationship to Client:** ☐ Parent ☐ Stepparent

☐ Guardian ☐ Emergency Contact ☐ Other: _____

Address: ☐ Same as client _____
Street City State Zip

Preferred Phone: _____ **Preferred Email:** _____

Emergency/Guardian/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 certificate/per healthcare insurance): ☐ M ☐ F

Subscriber's Relationship to Client: ☐ Self ☐ Parent ☐ Stepparent ☐ Guardian ☐ Emergency Contact

☐ Spouse ☐ Life Partner ☐ Other: _____ **Company/School:** _____

Address: ☐ Same as client _____
Street City State Zip

Preferred Phone: _____ **Preferred Email:** _____

Secondary Insurance ☐ Yes ☐ No **Insurance:** ☐ BCBSAZ ☐ Aetna ☐ Other: _____

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:** _____

☐ **Yes! Please email Intuition Wellness Center parenting news and wellness program updates.**

"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

☐ 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: _____