

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

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: _____