

5675 N Oracle Rd, Suite 3101 Tucson, AZ 85704 Phone: 520.333.3320

www.intuitionwellness.com

CLIENT INFORMATION - YOUTH

Client Name:		Date of Birth:			
Preferred First Name:					
Sex Assigned at Birth (designated on birth certificate pe	er healthc	care insurance): M	F		
FT Student PT Student Employed School /	Employe	r:			
Client Address:					
Street		City	State	Zip	
Primary Contact					
Name:		Relationship to Client:	Parent	Stepparent	
Guardian Other:					
Address: Same as client					
Street	Email:	City	State	Zip	
Phone:					
Voice messages No Email message	! S INO	Emaii appt. remii	naers N	VO	
Secondary Contact					
Name:	Re	elationship to Client:	Parent	Stepparent	
Guardian Other:					
Address: Same as client					
Street		City	State	Zip	
Phone:					
Voice messages No Email message	s No	Email appt. remi	inders I	Vo	
Emergency Contact					
Name:	Rela	ationship to Client:	Parent	Stepparent	
Guardian Other:					
Address: Same as client					
Street		City	State	Zip	
Phone:	_				
Billing Information					
Person(s) Responsible for Payment (please check a min communication preferences will be noted as above):	imum of	one contact; primary/s	secondary	contact billing	
Primary Contact Secondary Contact	Othe	Other Contact			
Name of Other Billing Contact:					

Relationship to Client: Parent Stepparent Guard	dian Other:		
Address: Same as client			
Street	Ci	ty Sta	ate Zip
Phone:	Email:		
Voice messages No Email messages	No		
Primary Insurance			
Insurance: BCBSAZ Aetna Other:			
Member ID Number:			
Subscriber's Name:	Subscribe	er's Date of Birth	1:
Member Sex Assigned at Birth (designated on birth certif	ficate per healthc	are insurance):	M F
Secondary Insurance No Insurance: BCBSAZ	Aetna Oth	er:	
Secondary Insurance ID Number:			
Subscriber's Name:			
Primary Care Physician			
Name: Practice:		Phone: _	
Yes! Please email Intuition Wellness Center parei	nting news and w	wellness progra	nm updates.
"Intuition Wellness Center provides integrated clinical ser discrimination on the basis of gender identity and express ethnic origin, citizenship, marital status, religious beliefs, a protected under applicable federal or state law."	sion, sex, sexual c	prientation, race,	color, national or
Additional Information - Optional			
While you are not required to answer the following questi identity helps Intuition Wellness Center team members pa and inclusive. You may prefer to provide additional inform	rovide support th	rough services t	hat are truly tailored
Gender Identity: Male Female Transgender Mal	le/FTM Transg	ender Female/N	<i>ITF</i>
Non-Binary Genderqueer Unknown Choose	e not to disclose	Other:	
Sexual Orientation: Lesbian/Gay/Homosexual Stra	ight/Heterosexua	al 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 Black or Afric	an American	Native Hawaii	an or Other Pacific
Asian Hispanic/Latino-a White/Caucasian	Other:		
Ethnic Identity:			
Primary Language Spoken at Home:			