intuition wellness center
LEARN. GROW. THRIVE.

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

Behavioral Health Appointment Request

Counseling and Psychological Testing

Following is information that may be helpful before completing an appointment request:

- Intuition Wellness Center's behavioral health providers serve young people, ages birth to 25, and their caregivers.
- Some services may be billable to Blue Cross Blue Shield and Aetna insurances. View Pricing Information.
- Intuition Wellness Center's training team provides services at a reduced fee, which are not typically billable to insurance. See benefits to working with our training department.
- Availability and specialty vary per provider. Your flexibility with scheduling and team member preference will improve the team's ability to serve you.
- The Intuition Wellness Team values a thoughtful match process. It may take 5-7 business days for the team to formulate a response to your request, Occasionally the wait may be longer, such as during holidays or times when the volume of requests is particularly high. Thank you for your patience.

The questionnaire below is required in order to determine Intuition Wellness Center's ability to meet your needs for clinical services. This form is not required for classes or events.

Please call 520-333-3320 if you have any questions.

If you are submitting a request for multiple people, please fill out a separate form for each person.

Date: (required)* _____

Your name: (required)* _____

Your email: (required)* _____

Your phone: (required)* _____

Would you like to sign up to receive our emailed parenting tips? (required)*

☐ Yes ☐ No

Who are you seeking services for? (required)*

☐ Self ☐ Child ☐ Family

If seeking services for someone other than yourself, what is their name? (required)*

_____

Sex assigned at birth of prospective client:

☐ Male ☐ Female ☐ Other

Date of birth of prospective client: (MM/DD/YYYY; required)* _____

If prospective client is a child, what school do they attend? _____

School grade: _____

How did you hear about Intuition Wellness Center? (required)*

☐ BCBS ☐ Aetna ☐ Psychology Today

☐ Internet (e.g., Google) ☐ PCP ☐ Other Professional ☐ Other

Please expand on who or where: (required)* _____

Do you have a team member preference? (Select ALL that apply; required)* Team members have limited availability. Flexibility increases the chance of a successful match. See benefits to working with our training team.

☐ Any Licensed Team Member

☐ Supervised Doctoral Student or Clinician Pursuing Higher Licensure

☐ Specific Team Member

Name of specific team member: _____

What service(s) are you requesting? (Select ALL that apply; required)*

☐ Counseling ☐ Play Therapy ☐ Creative Arts Therapy ☐ Parent Guidance ☐ Family Therapy

☐ School Success Consultation ☐ School Success Consultation ☐ Psychological Testing

Please describe your concerns in just a few sentences: (required)*

Is the prospective client seeking treatment for the following? (required)*

☐ Eating Disorder ☐ Addiction ☐ None of these

If so, please provide a little more detail:

Does prospective client have a history of chronic substance abuse? (required)*

☐ Yes ☐ No

If so, please provide a little more detail:

Did prospective client recently attempt suicide? (required)*

☐ Yes ☐ No

If so, how recently? _____

Is prospective client currently suicidal? (required)* _____

☐ Yes ☐ No

(If so, please call 911 or the crisis line at 866-495-6735 to speak to a crisis counselor.)

Does the prospective client have a history of aggression or violence or are they currently aggressive or violent? (required)*

☐ Yes ☐ No

If so, please provide a little more detail:

Did prospective client recently attempt homicide? (required)*

☐ Yes ☐ No

If so, how recently? _____

Is prospective client currently homicidal? (required)*

☐ Yes ☐ No

(If so, please call 911 or the crisis line at 866-495-6735 to speak to a crisis counselor.)

Has the prospective client had any past or current legal involvement, including parental divorce proceedings or Department of Child Services (DCS/CPS)? (required)*

☐ Yes ☐ No

If Yes, please specify:

If requesting services for a child, are both parents available to consent to treatment?

☐ Yes ☐ No ☐ N/A, prospective client is an adult

If No, please provide a little more detail:

Who has the power to make medical decisions for the prospective client according to the law?

(Please supply supporting court documents at intake or scan and email them to contact@intuitionwellness.com prior to your intake appointment.)

Does prospective client have a previous treatment history? (required)*

☐ Medical ☐ Behavioral Health ☐ Other ☐ None

If you have previous behavioral health or medical treatment history, please bring a copy of records (e.g., treatment summary, treatment plan, testing reports, etc.) at the initial intake appointment.

Please provide a little more detail:

How are you able to pay for services? (Select ALL that apply; required; See Fee Schedule)*

☐ Self Pay (Licensed Team Member) ☐ Self Pay (Training Department Reduced Fees)

☐ BCBS ☐ Aetna

Insurance ID: _____

Group #: _____

Subscriber Name: _____

Subscriber Date of Birth (MM/DD/YYYY): _____

Thank you for your interest in Intuition Wellness Center.

Please email the completed form to contact@intuitionwellness.com.