



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

## Naturopathic Medicine Appointment Request

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

- Intuition Wellness Center's naturopathic physician serves young people, ages birth to 25, and their caregivers.
- Naturopathic medical services are self pay and not billed directly to insurance. You may request a superbill. [View Pricing Information.](#)
- Availability is limited. Your flexibility with scheduling will improve the physician's ability to serve you.
- The Intuition Wellness Admin team responds to all medical service requests received on the same day [during business hours.](#)

To initiate medical services for the first time, please call 520-333-3320 or complete the following questionnaire.

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 (adult)    Other family member/child

If seeking services for someone other than yourself, or for multiple people, please list them here: Include each name, date of birth and sex designated on birth certificate per healthcare insurance. (required)\*

How did you hear about Intuition Wellness Center? (required)\*    Health Profs    Sana Network  
Internet (e.g., Google)    PCP    Other Professional    Other: \_\_\_\_\_

If you chose "Other," please expand on who or where: (required)\* \_\_\_\_\_

What is the reason for your visit?    Get Established    Well Baby/Child    Sports Physical    Sick-Acute  
Other: \_\_\_\_\_

Does prospective client have a previous treatment history? (required)\*    Medical    Behavioral Health  
Other    None

**Treatment History: Please provide a little more detail: (required)\***

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., to the initial intake appointment.

**Anything else you want the doctor to know?**

**If requesting services for a child, are both parents available to consent to treatment? (required)\***

Yes      No      N/A, prospective client is an adult

**If No, please provide a little more detail:**

**If requesting services for a child, has either parent's rights been legally terminated? (required)\***

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 specify** (e.g. Mom, Dad, Stepparent, Grandparent, Guardian, etc):

If applicable, please supply supporting court/legal documents at intake or scan and email them to [contact@intuitionwellness.com](mailto:contact@intuitionwellness.com) prior to your intake appointment. (required)\*

**Primary Insurance:** (Required for lab work and specialist referrals)\*      BCBSAZ      Aetna

Other: \_\_\_\_\_

**Member ID Number:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **Subscriber's Date of Birth:** \_\_\_\_\_

**Member Sex Assigned at Birth:** (Designated on birth certificate per healthcare insurance)      M      F

**Thank you for contacting Intuition Wellness Center.**  
Please email the completed form to [contact@intuitionwellness.com](mailto:contact@intuitionwellness.com).