



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

Pediatric Occupational Therapy Appointment Request

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

- Intuition Wellness Center’s pediatric occupational therapist serves children, ages birth to 12.
- Some services may be billable to Blue Cross Blue Shield insurance. [View Pricing Information.](#)
- Availability is limited. Your flexibility with scheduling will improve the provider’s ability to serve you. 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 any questions.

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

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

What is your child’s name? (required)* _____

Your child’s sex assigned at birth? Male Female Other

Your child’s date of birth? (required)* _____

What school does your child attend attend? _____
Full name of school

School grade: _____

How did you hear about Intuition Wellness Center? (required)* BCBS Psychology Today
Internet (e.g., Google) PCP Other Professional Other: _____

If you chose “Other,” please expand on who or where: (required)*

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

- | | | | |
|----------------------|--------------------------|--------------------|-----------------------|
| Fine Motor Skill | Self Care | Muscle Tone | Infant Development |
| Attention/Regulation | Coordination | Sensory Processing | Cognitive Development |
| Visual Motor Skills | Visual Perceptual Skills | | |

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

Does the prospective client have a significant medical complication? (required)* Yes No

If so, please provide a little more detail:

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

If so, please provide a little more detail:

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. You can also email PDF documents to contact@intuitionwellness.com prior to your intake appointment.

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:

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:

Are both parents available to consent to treatment? (required)* Yes No

If No, please provide a little more detail:

Has either parent's rights been legally terminated? (required)* Yes No

If Yes, please provide a little more detail:

Who has the power to make medical decisions for the prospective client according to the law? (required)*

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

If applicable, please supply supporting court/legal documents at intake or email PDF documents to contact@intuitionwellness.com prior to your intake appointment. (required)*

How would you like to pay for services? (required)* See [Fee Schedule](#) Self Pay BCBS

Insurance ID: _____

Group #: _____

Subscriber name: _____ Date of Birth: _____

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

Thank you for your interest in Intuition Wellness Center.

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