

Naturopathic Family Medicine Appointment Request

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

- Intuition Wellness Center's naturopathic family physician serves young people ages birth - 25 and their family members.
- Naturopathic medical services are self pay and not billed directly to insurance. You may request a "superbill" for possible out-of-network reimbursement from your insurance. [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 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.

Is there 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 Yes, 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; required):*

If applicable, please supply supporting court/legal documents at intake or scan and email them to 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.