

3131 N Country Club Rd, Ste 207 Tucson, AZ 85716 Phone: 520.333.3320

intuitionwellness.com

Client Information - Youth

Client Name:	Client Date of Birth:			
Preferred First Name:				
Sex Assigned at Birth (designated on birth certificate per he	althcare insurance): M F			
FT Student PT Student Employed School/Em	ployer:			
Client Address: Street	City State Zip			
Primary Contact	Oity State Zip			
Name:	Relationship to Client: Parent Stepparent			
Guardian Other:				
Address: Same as clientStreet	City State Zip			
Phone:Em				
Voice messages No Email messages				
Secondary Contact				
Name:	Relationship to Client: Parent Stepparent			
Guardian Other:				
Address: Same as clientStreet	City State Zip			
Phone: Em				
Voice messages No Email messages				
Emergency Contact				
.Name:	Relationship to Client: Parent Stepparent			
Guardian Other:				
Address: Same as clientStreet				
Phone:				
Billing Information				
Person(s) Responsible for Payment: (Please check a minimu billing communication preferences will be noted as above.)	m of one contact; primary/secondary contact			
Primary Contact Secondary Contact C	Other Contact			
Name of Other Billing Contact:	CI-Y 1 of 2			

Relationship	to Client:	Parent S	tepparent	Guardian	Other:			
Address:	Same as cli	ent						
		Street			City		ate Zip	
Phone:				Email:				
	Voice mess	ages No	Email m	nessages	No			
Primary In	surance							
Insurance:	BCBSAZ	Aetna C	ther:					
Member ID	Number:							
Subscriber's	Name:				Subscriber	's Date of Birtl	h:	
Member Sex	x Assigned a	at Birth: (desig	gnated on bi	rth certificate	per healthca	are insurance)	M F	
Secondar	y Insuranc	e No In	surance:	BCBSAZ	Aetna Oth	ner:		
Secondary I	nsurance ID	Number:						
Subscriber's	ber's Name: Subscriber's Date of Birth:							
Primary C	ara Physic	rian						
	-	ntuition Wellr	ass Contar					
		intuition wein						
· ·	ame			Practice			Phone	
Yes! Pl	lease email	Intuition We	ellness Cen	ter parentin	g news and	wellness pro	ogram updates.	
"Intuition We discriminated ethnic origin	ellness Cento on on the ba n, citizenship	er provides in sis of gender	tegrated clir identity and s, religious k	nical services expression, s	and wellness sex, sexual or	programs to i	clients without e, color, national or ther characteristic	
Additiona	al Informa	tion (Optio	nal)					
While you ar	re not requir s Intuition W	ed to answer Vellness Cente	the followinger team men	nbers provide	e support thro		ifferent facets of your that are truly tailored ointment.	
Gender Ider	ntity: Mal	e Female	Transgen	der Male/FTN	И Transge	nder Female/	MTF	
Non-Bir	nary Gend	derqueer l	Jnknown	Choose not	to disclose	Other:		
Sexual Orie	ntation:	esbian/Gay/F	Homosexual	Straight/h	Heterosexual	Bisexual	Unknown	
Choose	not to disclo	ose Other:						
Pronoun:	they/them	he/him	she/her	Other:				
Race: (Please	e check all th	nat apply.)						
America	an Indian or .	Alaska Native	Black	or African An	nerican	Native Hawai	ian or Other Pacific	
Asian	Hispanio	:/Latino-a	White/Cau	ıcasian	Other:			
Ethnic Ident	i.		D	iman, Langu	aga Spakan	at Home:		