

Client Information - Youth

Client Name: _____ **Client Date of Birth:** _____

Preferred First Name: _____

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

FT Student PT Student Employed School/Employer: _____

Client Address: _____
Street City State Zip

Primary Contact

Name: _____ Relationship to Client: Parent Stepparent
Guardian Other: _____

Address: Same as client _____
Street City State Zip

Phone: _____ Email: _____
Voice messages No Email messages No Email appt. reminders No

Secondary Contact

Name: _____ Relationship to Client: Parent Stepparent
Guardian Other: _____

Address: Same as client _____
Street City State Zip

Phone: _____ Email: _____
Voice messages No Email messages No Email appt. reminders No

Emergency Contact

Name: _____ Relationship to Client: Parent Stepparent
Guardian Other: _____

Address: Same as client _____
Street City State Zip

Phone: _____

Billing Information

Person(s) Responsible for Payment: (Please check a minimum of one contact; primary/secondary contact billing communication preferences will be noted as above.)

Primary Contact Secondary Contact Other Contact

Name of Other Billing Contact: _____

Relationship to Client: Parent Stepparent Guardian Other: _____

Address: Same as client _____
Street City State Zip

Phone: _____ **Email:** _____

Voice messages No **Email messages** No

Primary Insurance

Insurance: 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

Secondary Insurance No **Insurance:** BCBSAZ Aetna Other: _____

Secondary Insurance ID Number: _____

Subscriber's Name: _____ **Subscriber's Date of Birth:** _____

Primary Care Physician

Name	Practice	Phone
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Yes! Please email Intuition Wellness Center parenting news and wellness program updates.

"Intuition Wellness Center provides integrated clinical services and wellness programs to clients without discrimination on the basis of gender identity and expression, sex, sexual orientation, race, color, national or ethnic origin, citizenship, marital status, religious beliefs, age, ability, appearance or any other characteristic protected under applicable federal or state law."

Additional Information (Optional)

While you are not required to answer the following questions, knowing more about the different facets of your identity helps Intuition Wellness Center team members provide support through services that are truly tailored and inclusive. You may prefer to provide additional information privately during your appointment.

Gender Identity: Male Female Transgender Male/FTM Transgender Female/MTF
Non-Binary Genderqueer Unknown Choose not to disclose Other: _____

Sexual Orientation: Lesbian/Gay/Homosexual Straight/Heterosexual Bisexual Unknown
Choose not to disclose Other: _____

Pronoun: they/them he/him she/her Other: _____

Race: (Please check all that apply.)

American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific
Asian Hispanic/Latino-a White/Caucasian Other: _____

Ethnic Identity: _____ **Primary Language Spoken at Home:** _____