



TAKE TWO HEALTH

**SAFE
ZONE**

Where Your Doctor Works for YOU!

Dr Leto Quarles MD * 2503 Walnut St #200 * Boulder CO 80302 * 303-557-2250 * www.taketwohealth.com

TAKE TWO HEALTH is a private membership healthcare practice. We provide long-term personal physician services for highly motivated individuals who wish to transform their health, especially around our focus areas:

Q♦Care - LGBTQ+ healthcare, including gender alignment hormone care
Healthy AF (... or becoming AntiFragile) - trauma-informed whole person care
4 in 10 - Chronic Disease & Disability care that centers on YOUR individual priorities
Outside the Lines - NeuroDivergent learners, thinkers, and persons with brain injury

TAKE TWO HEALTH is NOT an urgent-care, walk-in clinic, or social services provider. We expect our members to be fully honest about what is going on, and to work together with our team to address the habits, behaviors, thinking, and situations which affect their health.

A regular Membership is paid directly without involving any commercial health insurance, and is a **MINIMUM** of a one-year commitment.

We recognize that there are people in our community who want to commit to the work of transforming their health through the unique programs we offer, but who are on a limited fixed income and rely on Medicaid coverage for their healthcare.

Dr Leto, her team, her investors, and the **TAKE TWO HEALTH** Scholarship Committee have therefore invested in creating the **TAKE TWO HEALTH Medicaid Scholarship** Program. Through this program, Medicaid pays a small amount for certain services during a visit, as well as labwork and prescriptions, and the Scholarship covers all of the other costs of the care, services, paperwork, and support that **TAKE TWO HEALTH** provides.

If this sounds like what you want, and you are ready to commit, please complete the **TAKE TWO HEALTH Medicaid Scholarship** Application on the following pages.

(If you do not have access to a printer, and would like this Application mailed to you on paper, please send us a message on the [Contact Us](#) page or email info@taketwohealth.com)

The Basics:

Legal Name (as it appears on your Medicaid card): _____

Preferred Name (what you actually want to be called): _____

Pronouns (he/him * she/her * they/them * or teach us your own): _____

Health First Colorado Medicaid ID#: _____

Date of Birth: _____

Contact Info (how should we reach you back?): _____

How did you learn about **TAKE TWO HEALTH**?

- Referred by an advocacy organization (which one?): _____
- Referred by a current patient (who?): _____
- Print ad or article
- Radio ad or discussion
- Social Media ad or article
- Online Search
- Other (tell us?): _____

Which focus area(s) best fits your needs? (select all that apply):

(You can learn more about each program at www.taketwohealth.com)

- Q+Care** - LGBTQ+ healthcare, including gender alignment hormone care
- Healthy AF (... or becoming AntiFragile)** - trauma-informed whole person care
- 4 in 10** - Chronic Disease & Disability care that centers on YOUR individual priorities
- Outside the Lines** - NeuroDivergent learners, thinkers, and persons with brain injury

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Terms and Agreements:

So we're clear up front, the **TAKE TWO HEALTH Medicaid Scholarship** has some rules. Please **initial** each box (use your **Preferred Name** if that differs from what's on your Medicaid card) to confirm that you agree to be accountable:

- TAKE TWO HEALTH** uses digital technology (emails, texts, online check-in forms to prepare before appointments, and optional Video Visits) - you will need to use email and/or a smartphone that accepts texts and opens web pages to participate.

- When you ask for services that require Dr Leto's time and attention, this is scheduled as an appointment.

- Appointments - even "virtual" ones - are professional commitments. No-Showing for an appointment is disrespectful of the time and resources **TAKE TWO HEALTH** invests in your care. **Two No-Shows may result in termination of your Scholarship.**

- If you will not be at your scheduled appointment, you are expected to contact the office at least one business day in advance to cancel or reschedule.

- If your online check-in forms are not completed by your scheduled appointment time, that may be counted as a No-Show.

- The entire **TAKE TWO HEALTH** team spends valuable time arranging any needed specialty tests, referrals, or follow-up care. If you are not ready to follow through with a next step, let us know IN ADVANCE. We are happy to work with you to make plans that are realistic, but it causes real harm if we do the work and a patient doesn't follow through with things they have asked us to order. If this happens twice, your Scholarship may be terminated.

- The entire **TAKE TWO HEALTH** team is here to help you take control of your health. Abusive behavior toward any member of the team will result in termination.

Getting to know about YOU:

Please take the time to answer these questions truthfully and completely.

These answers are NOT used to judge or criticize you.

They are used to evaluate how **TAKE TWO HEALTH** can best assist you.

Do you identify as a member of a Medically Under-Served or Historically Marginalized Group?

- | | |
|---|---|
| <input type="checkbox"/> Did not have Primary Health Care growing up | <input type="checkbox"/> Ever been Incarcerated or Institutionalized |
| <input type="checkbox"/> First Language other than English | <input type="checkbox"/> Ever been Homeless |
| <input type="checkbox"/> Person of Color | <input type="checkbox"/> Ever been Turned Away for Medical Care |
| <input type="checkbox"/> Cultural or Ethnic Minority | <input type="checkbox"/> Developmental or Learning Disability |
| <input type="checkbox"/> LGBTQ / sexually or gender diverse | <input type="checkbox"/> Onset of Major Chronic Illness before Age 30 |
| <input type="checkbox"/> Raised by someone other than birth parent(s) | <input type="checkbox"/> Major Chronic Mental Illness |
| <input type="checkbox"/> Limited food / sanitation / shelter growing up | <input type="checkbox"/> Blind, Deaf, Mobility Impaired or Other Barrier |
| <input type="checkbox"/> Survivor of Trauma (Abuse, War, Disaster, etc) | <input type="checkbox"/> Social Isolation (close with less than 3 people) |
| <input type="checkbox"/> Did not finish school at least thru 8th grade | <input type="checkbox"/> Other: _____ |

When was the last time you saw a medical professional for care? _____

Do you have any ongoing (more than 3 months) health problems?

- No - No ongoing problems - as far as I know, I'm healthy
- Yes - I know what my health issues are, and how I'm supposed to manage them
- Yes - I know what my health issues are, but I don't know what to do about them
- Yes - I have symptoms or concerns, but don't know exactly what the problem is

Strengths & Resiliency:

You've made it this far in life, and now you are applying for an advanced level of personal health care support and empowerment.

Obviously, you've done a few things right!

So we know how to best support you, tell us 3 things about yourself - or that you rely on - that help YOU do difficult things and overcome challenges:

1. _____
2. _____
3. _____

Current Circumstances: (Please answer honestly by checking one box for each line. These questions are NOT used to decide whether you “qualify” - they ARE about what support you need and deserve.)

	Always	Sometimes	Never
I am able to take care of myself without help:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to take care of my family &/or work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people in my life who rely on me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people in my life whom I can rely on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe and supported with friends or family:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have housing which meets my basic needs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My housing is stable (don't expect to move soon):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat three healthy meals each day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough privacy to maintain my dignity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get as much sleep as my body needs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing/able to ask for help when I need it:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't let people take advantage of me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid bad habits / behaviors that harm me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the freedom to make my own decisions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find the time to do what's important to me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally understand how my body works:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen to music or enjoy art at least weekly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself, and I achieve them:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have NOT had to call 9-1-1 in the past 3 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect to be thriving better a year from now:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend time in nature or with animals each week:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel connected to something beyond myself:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Goals:

What is **one thing** you are committed to learning so that you can improve your well-being?



Please submit your **TAKE TWO HEALTH Medicaid Scholarship** application at your convenience:

- by email (scanned document or clear photos of each page) to: info@taketwohealth.com
- by text (scanned document or clear photos of each page) to: 303-557-2250
- by fax to: 303-325-7688
- or by postal mail to: **TAKE TWO HEALTH** 2503 Walnut St #200, Boulder CO 80302

The **TAKE TWO HEALTH Medicaid Scholarship Committee** reviews Applications monthly.

If you haven't heard from us within two weeks of sending your Application, please call or text us at 303-667-2250, or email info@taketwohealth.com to ask for an update.