


To ensure we provide inclusive and patient centered care to all of our patients, we ask every new and existing patient the following questions. These questions became required data items to be collected across all health centers in the Uniform Data System (UDS) in 2016.

By capturing your pronouns and preferred name, we can be sure to address you properly and respectfully throughout your healthcare experience.

This name will be used out loud unless we are informed not to.



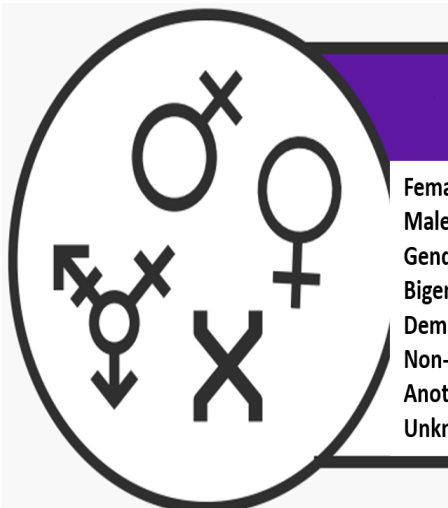
What pronoun(s) should we use to refer to you? (select all that apply)

She/Her	Use my name
He/Him	Another not listed
They/Them	_____



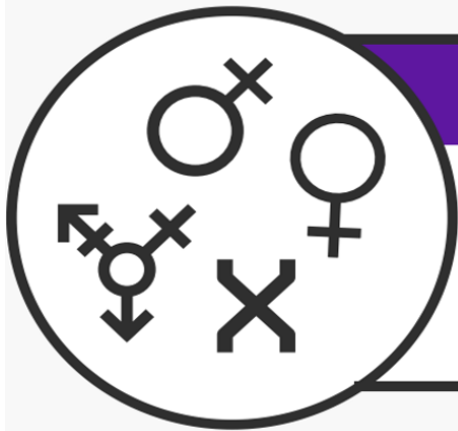
What name would you like staff to use during your visit?

Please call me:



What is your current gender identity?

Female	Transgender Woman / Transfeminine
Male	Transgender Man / Transmasculine
Gender Fluid	Genderqueer
Bigender	Agender
Demigirl	Demiboy
Non-Binary	Two Spirit
Another gender not listed	_____
Unknown/Currently Questioning	

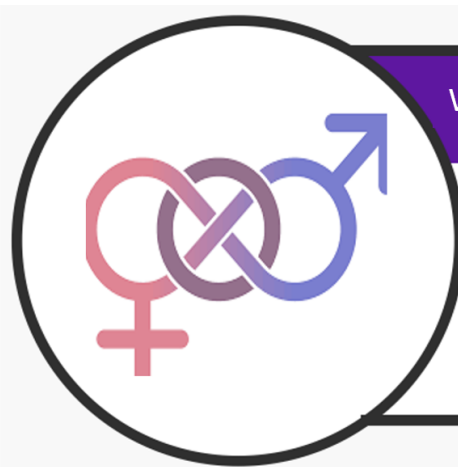


What is your legal sex?

Female **Male**

X
(legal gender non-binary designation)

Another sex not listed _____



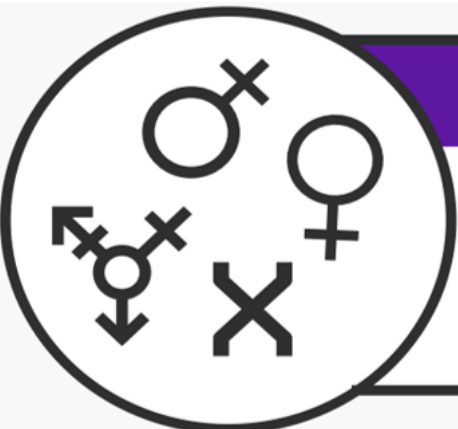
What is your current sexual orientation?

Straight **Gay** **Lesbian**

Queer **Bisexual** **Asexual**

Pansexual/Bi+ **Currently Questioning**

Another orientation not listed _____



What sex were you assigned at birth, on your original birth certificate?

Female **Male**

Variation of Sex Development / Intersex

Not recorded on birth certificate

Uncertain



If an overnight hospital stay is needed and a private room is not available, please indicate where you would be most comfortable receiving care in a shared room (select all that apply)

Female Designated Room

Male Designated Room

Gender Diverse Room