

# TRANS INCLUSIVE HEALTHCARE



## Guidelines for Intake Forms and EHR Systems

Completing an intake form sets the tone for how comfortable a patient feels being open about their sexual orientation or gender identity/expression. This document provides suggested language for more inclusive intake forms.



### 1 NAME YOU GO BY

Not everyone's name is what's found on their ID or in legal databases. Some people use a name that is not the one they were given at birth, but haven't yet legally changed it. People should always be addressed by the name they go by. **Note:** In some situations, which may include billing or referrals with other providers, using a person's legal name may be unavoidable. If a patient provides a name they go by that differs from their legal name, communicate clearly about situations in which their legal name will be used, and always use the name they go by when speaking with them.

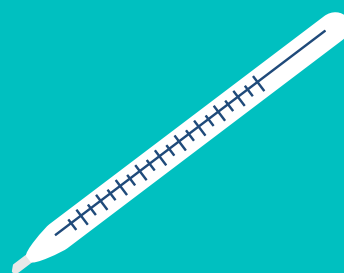
The name I currently go by :  
First and Last: \_\_\_\_\_.



### 2 GENDER IDENTITY

Adding gender options to the "male/female" check boxes on your intake form helps to capture important information, and comes across as an immediate sign of acceptance and inclusion. If providing options, be sure to state they are not exhaustive, and leave a space for your patient to fill in the identity.

My current gender identity is \_\_\_\_\_.  
Alternatively, you may choose from the following options:  
 Male  
 Female  
 Transgender Female / Transgender Woman  
 Transgender Male / Transgender Man  
 Two-spirit  
 Genderqueer / Gender Fluid  
 Non-binary / Gender Non-conforming  
 Another identity: \_\_\_\_\_  
 Choose not to disclose



### 3 SEX ASSIGNED AT BIRTH

There should be a section for sex assigned at birth.

My sex assigned at birth is \_\_\_\_\_.  
Alternatively, you may choose from the following options:  
 Male  
 Female  
 Intersex  
 Not designated on birth certificate  
 Choose not to disclose



### 4 PERSONAL PRONOUNS

Allowing your patient to share their correct pronouns fosters an inclusive environment and affirms a person's gender identity.

My pronouns are \_\_\_\_\_.  
Alternatively, you may choose from the following options:  
 He/him/his  
 She/her/hers  
 They/them/theirs  
 Ze/hir  
 Other pronoun(s) \_\_\_\_\_  
 Choose not to disclose



# TRANS INCLUSIVE HEALTHCARE



## Guidelines for Intake Forms and EHR Systems

### 5 SEXUAL ORIENTATION

In order for you to provide your patient with the best possible care, you need to know your patient's sexual orientation. The physician-patient relationship is just that: a relationship. The more you know and understand your patient, the better you can treat them.

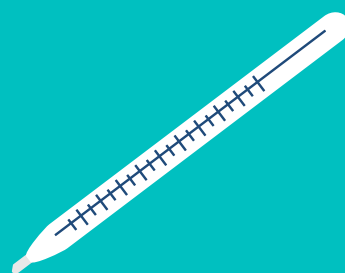
- My sexual orientation is \_\_\_\_\_.
- Alternatively, you may choose from the following options:
- Straight
  - Lesbian
  - Gay
  - Bisexual
  - Pansexual
  - Queer
  - Questioning
  - Asexual
  - Another identity: \_\_\_\_\_
  - Choose not to disclose



### 6 HONORIFICS

Honorifics refer to the titles that may be used to address others. In healthcare settings, often patients may be referred to using an honorific and their last name—whether in the waiting room or over the phone. Most honorifics are gendered, but there are some that are not. Another honorific less familiar to providers is Mx., which is the most common gender-neutral one. Given that these terms are often used within offices, you should ask this information rather than assuming based on appearance, gender identity, or other information.

- Honorifics I use:
- Miss
  - Mr.
  - Mrs.
  - Ms.
  - Mx.
  - Dr.
  - Only use my name (no honorifics)
  - Not listed (please specify): \_\_\_\_\_



### 7 SEXUALLY ACTIVE

To provide appropriate healthcare, it is sometimes important that providers know if a patient is sexually active.

Rather than including additional items on a written form, we suggest that a provider instead have a conversation with their patient to collect the information and learn more about their response to this question.

- Are you sexually active?
- Yes
  - No
- Is there a chance you could be pregnant?
- Yes
  - No
  - Unsure



# TRANS INCLUSIVE HEALTHCARE



## Guidelines for Intake Forms and EHR Systems

8

### SEXUAL PARTNERS

A person's sexual identity does not provide information about who a person has sex with. In order to provide competent and affirming services, providers should directly ask about the genders of the patient's sexual partners, if that information is needed. If asked, providers should have a conversation with their patients about the types of sex that may relate to their care. Just knowing the gender identity of partners does not tell you the types of sex they are having.

Gender of current sexual partners, if applicable

Check all that apply:

- Women
- Men
- Cisgender
- Transgender
- Nonbinary
- Genderqueer
- Genderfluid
- Agender
- Unsure
- Not listed (please specify): \_\_\_\_\_
- Prefer not to answer
- No current sexual partners



9

### RELATIONSHIP STATUS

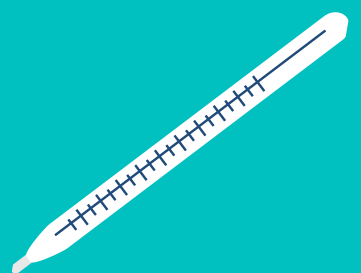
These questions provide information about the relationship status and relationship structure of patients, and should only be asked if relevant to their care. Whenever possible, these questions should be asked during a private discussion with the patient and not directly on an intake form.

Relationship status (Check all that apply):

- Single
- Married
- In relationship(s) but not married
- In relationship(s) with multiple partners
- Separated
- Divorced
- Widowed
- Not listed (please specify): \_\_\_\_\_
- Prefer not to answer

Relationship structure

- Monogamous
- Polyamorous
- Non-monogamous / Open
- Not listed (please describe): \_\_\_\_\_
- Prefer not to answer



10

### LIVING SITUATION

This question inquires about the patient's living situation or housing status. Housing and having someone who can provide care can be relevant when recovering from some medical procedures. If this information is not relevant, do not include these questions, or only ask them when preparing for procedures in which the information is relevant. Whenever possible, these questions should be asked during a private discussion with the patient and not directly on an intake form.

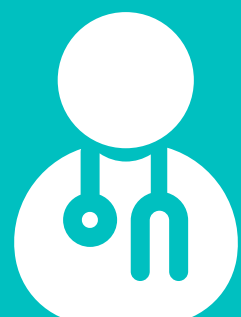
What is your current home/living situation?

Check all that apply:

- Live with family
- Live with romantic/sexual partner(s)
- Unstable housing/unhoused/homeless
- Live with roommate(s)
- Live alone
- Other living situation/arrangement: \_\_\_\_\_
- Prefer not to answer

Is there someone who can care for you at home?

- Yes
- No



# TRANS INCLUSIVE HEALTHCARE



## Guidelines for Intake Forms and EHR Systems

11

### EMERGENCY CONTACT / MESSAGING

The person or people that a patient lists as their emergency contact may not know the name they go by or their gender, and may instead only know what they were assigned at birth or what is on record in other places. They may also only know the name they go by and their gender, and not what they were assigned at birth or is on record in other places. The same issues arise for people who may have access to a patient's voicemail or email used to leave messages. For many trans and nonbinary people, having others find out the name they go by, their gender, or their sexual identity may cause them to lose their home, their job, or may cause other problems for them.

Do not disclose information about a patient that is not needed. Whenever possible, these questions should be asked during a private discussion with the patient and not directly on an intake form.

It is important to give patients the ability to specify what information should be used when referring to them with emergency contacts. No other name, pronoun, or gender information should be disclosed to emergency contacts unless it is absolutely necessary. If a patient provides different information to use with emergency contacts, have a discussion with them about situations in which the use of other information may be necessary.

**Information related to emergency contacts:**  
Check one.

- Use the name I go by, pronouns, honorifics, etc. provided on my general intake form when communicating with this emergency contact.
- Use different information to refer to me with this emergency contact whenever possible.\*

- Name to refer to me by: \_\_\_\_\_
- Pronouns to refer to me by: \_\_\_\_\_
- Honorific to refer to me by: \_\_\_\_\_
- Gender to identify me as: \_\_\_\_\_
- Notes/other information: \_\_\_\_\_

**Information related to general communication with patient:** Check one.

- Use the name I go by, pronouns, honorifics, etc. provided on my general intake form in voicemails, emails, text messages, and other communications.
- Use different information to refer to me in voicemails, emails, text messages, and other communications whenever possible.\*

- Types of communications: \_\_\_\_\_
- Name to refer to you by: \_\_\_\_\_
- Pronouns to refer to you by: \_\_\_\_\_
- Honorific to refer to you by: \_\_\_\_\_
- Gender to identify you as: \_\_\_\_\_
- Notes/other information: \_\_\_\_\_

\*Some emergency situations may require using your legal name, sex assigned at birth, or other information with emergency contacts.

