



**Disclosure:** Asher Community Health Center is a Federally Funded Health Clinic. We have many requirements that must be met to continue this funding, the government is requiring Asher Community Health Center to survey for the following questions. We thank you for your time and cooperation in helping us continue serving our communities.

**You do have the right to choose to refuse to answer these questions.**

Please mark any box that applies to you or the patient.

**Sexual Orientation**

Lesbian	<input checked="" type="checkbox"/>
Gay	<input type="checkbox"/>
Straight (not lesbian or gay)	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Something else	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

**Gender Identity**

Male	<input checked="" type="checkbox"/>
Female	<input type="checkbox"/>
Transgender Male to Female	<input type="checkbox"/>
Transgender Female to Male	<input type="checkbox"/>
Other	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

**Thank you again for your time and cooperation!!**