

## Intake Form Best Practices for LGBTQ Patients

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people face bias, discrimination, and barriers to equal and inclusive health care. Often times these barriers are created because of ignorance and lack of information on the part of the medical staff, including assumptions of non-LGBTQ identities. This document is intended to offer guidance on how to ask questions on a new patient intake form in a manner that is inclusive and addresses a wide variety of identities and behaviors, especially those in the LGBTQ community. It is not exhaustive, but it does synthesize best practices uncovered through literature review and focus group analysis.

### Sexual Orientation and Gender Identity

Identities and language used by the LGBTQ community are ever evolving. Thus, it is important when asking questions about sexual orientation and gender identity to leave a blank space for patients to input their own identifying information. It is also crucial not place LGBTQ individuals in an “Other” category, as this causes further alienation. The four main components to include in an inclusive data collecting tool, like an intake form, are: sexual orientation, current gender identity, sex assigned at birth, chosen name, and gender pronouns. For example:

My current gender identity is: \_\_\_\_\_ My sexual orientation is: \_\_\_\_\_

My sex assigned at birth is: \_\_\_\_\_ My pronouns are: \_\_\_\_\_

Alternatively, rather than leaving a blank, you may provide numerous checkbox options. But it is important, if you are providing options, to state that they are not exhaustive and to leave a space to fill in the identity. For example:

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
- Intersex
- Non-binary/Gender Non-Conforming
- Another identity: \_\_\_\_\_
- Decline to answer

My sex assigned at birth is \_\_\_\_\_

Alternatively, you may choose from the following options

- Male
- Female
- Non-Binary
- Not designated on birth certificate
- Decline to answer

My pronouns are \_\_\_\_\_

Alternatively, you may choose from the following options

- He/him/his
- She/her/hers
- They/them/theirs
- Ze/hir
- Another pronoun: \_\_\_\_\_

My sexual orientation is \_\_\_\_\_

Alternatively, you may choose from the following options

- Straight
- Lesbian
- Gay
- Bisexual
- Pansexual
- Queer
- Asexual
- Questioning
- Another identity: \_\_\_\_\_
- Decline to answer

A patient may not feel comfortable writing down their gender identity and/or their sexual orientation, or the patient might not be sure yet. It is always imperative to offer the patient the power to choose.

For more detailed information on sexual orientation and gender identity (SOGI) data collection, please visit:

- [How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings](#)
- [Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity](#)
- [Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients](#)
- [Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records](#)

## Romantic and Sexual Health Information

Although a patient might identify with a certain sexual orientation, that does not guarantee that the patient's behavior adheres strictly to that identity. Moreover, an individual's relationship status is not limited to monogamy. So, forms should ask:

My relationship status is \_\_\_\_\_

Alternatively, you may select all that apply:

- Single, never married
- Divorced
- Married
- Civil union
- Domestic partnership / living with a partner
- Partnered, not living together
- Polyamorous / non-monogamous
- Widowed / grieving the loss of a partner
- Decline to answer

In the past, my sexual partners have been \_\_\_\_\_

Alternatively, you may select all that apply:

- None
- Men
- Women
- Transgender Females / Transgender Women
- Transgender Males / Transgender Men
- Gender Neutral / Non-binary
- Two-spirit
- Genderqueer / Gender Fluid
- Intersex
- Decline to answer

Currently, my sexual partner(s) is/are \_\_\_\_\_

Alternatively, you may select all that apply:

- None
- Men
- Women
- Transgender Females / Transgender Women
- Transgender Males / Transgender Men
- Gender Neutral / Non-binary
- Two-spirit
- Genderqueer / Gender Fluid
- Intersex
- Decline to answer

If you answered “None” to the above questions, you may skip this question  
What kind of sex do you have? \_\_\_\_\_

Alternatively, you may select all that apply:

- Oral sex on a vagina
- Oral sex on an anus
- Oral sex on a penis
- Vaginal penetration
- Anal penetration
- Sex without penetration
- Decline to answer

Asking about the types of sex that an individual has allows a provider to have a better understanding of the risk factors an individual might be facing. Subsequently, a provider will be better equipped to offer the patient safe sex practice education that is relevant to the patient. More important questions to ask a patient about their sex practices include:

- When did you last have sex with another person?
- How many sexual partners have you had in the past year?
- How many sexual partners do you have now?
- Do you only have sex with each other?
  - Yes  No  Unsure  Decline to answer
- Are you following safe sex practices?
  - Yes  No  Unsure  Decline to answer
- What does “safe sex practices” mean to you?
- Do you feel as though your sexual partner(s) may have a sexually transmitted infection at this time?
  - Yes  No  Unsure  Decline to answer
- Are you having hardships with your sex life?
  - Yes  No  Unsure  Decline to answer
- If so, would you like to discuss this today?
  - Yes  No
- Please describe any sexual health concerns you might have today.

## Disclosure Statement

Before a patient answers any questions on an intake form, it is important to provide them context as to why certain questions are being asked. Ideally, there would be a disclosure at the top of an intake form, for example:

*“This form helps us understand more about your health and potential needs. The more you answer, the better equipped we are to serve you, but we recognize that not every question is comfortable to answer. If you don’t feel comfortable answering it here, you can skip it and talk about it during your visit.”*

Some patients may have experienced trauma or have struggled with some aspects of their lives that will be asked on the form, potentially making it uncomfortable to disclose on the form. They may prefer to talk in person, or not until trust is established.

## Ability Status

Some patients might have limitations that prevent them from filling out an intake form. Thus, ask if the patient needs assistance filling out the form. If there is a language barrier, provide a patient with an interpreter. If there is physical barrier, skip the form, and guide the patients through it with a healthcare provider.

## Insurance

For individuals whose gender identity differs from their sex assigned at birth, there are often issues with billing. These issues may lead to inappropriate or incorrect claims denials, time spent trying to resolve the issue, and frustration on the part of the patient. As a result, it is also important to ask about the name and gender that is on an individual’s insurance card. There should also be a disclosure as to why this information is important, for example:

*“We recognize that the identities you carry might differ from legal and insurance identification. In order to ensure that there are no errors, what gender does your insurance company have on record? What is the name on your insurance card?”*