Intake forms are important ways of gathering information. Unfortunately, many intake forms fail to be inclusive of LGBTQIA+ identities. This issue both contributes to and is compounded by the hesitance that a patient might have to share personal information with their healthcare provider. Having more inclusive questions and response options on intake forms can positively contribute to higher levels of patient trust and comfort. It also makes it more likely that healthcare providers are receiving accurate information about their patients that is relevant to their healthcare. Here are some things to keep in mind when preparing intake forms:

General Information

- **Disclaimer**: Many LGBTQIA+ patients might be hesitant in sharing some of the information included in intake forms out of fear that they will be discriminated against based on their identity. It is therefore useful to include a disclaimer somewhere at the beginning of your intake form. Take, for example, this note that Lyon-Martin Health Services utilizes: “We will NEVER penalize you or deny you care based on what you tell us on this form. If you feel uncomfortable answering a question, leave it blank.”

- **Name**: Some transgender individual’s names might not match the name that is on their legal documents (i.e. birth certificate, driver’s license, insurance card). Intake forms should include a space both for the name that is on one’s insurance card (for legal purposes) and the name that someone uses for themselves (to respect and refer to the patient properly). It is important that everyone—from the front desk to the examination room—uses an individual’s preferred name, not the name on their insurance (i.e. when calling for a patient in the waiting room, staff should use the patient’s preferred name or simply their last name to avoid accidentally misgendering someone). While it is important to ask patients about their preferred name, it is even more important to be sure to use that name even during the hustle and bustle of the workday.

- **Pronouns**: In addition to a person’s name, it is important to refer to them using the gender pronouns that they have designated for themselves. Rather than assuming what pronouns a patient might use based on their appearance, a patient should be given space to write in their pronouns on their intake form so that staff refer to them appropriately.

- **Sex Assigned at Birth/Gender Identity**: Asking transgender and intersex individuals about the anatomy that they have can often be tricky. For example, a trans man who has not had gender affirming surgery or hormone replacement therapy (HRT) is likely to still record his sex/gender as male on an intake form. This may lead a practitioner to be confused about what kind of anatomy a patient has, information that might be relevant to their care (i.e. a trans man might have a cervix therefore should be informed of related cancer-screening processes). For medical purposes, you may need to know what sex a person was assigned at birth in order to better provide care related to different anatomical parts. While you can ask someone what their sex assigned at birth is, you should also always make space for a person to declare their gender identity. A person might elect to leave this space blank, and this should be respected; however for many transgender people, asking about gender identity on an intake form is affirming.
Here is a sample of an inclusive “General Information” section of an intake form:

*We will NEVER penalize you or deny you care based on what you tell us on this form. If you feel uncomfortable answering a question, leave it blank.*

**Preferred Name:** ___________________________________

**Pronouns:** __ she/her __ he/him __ they/them __ xe/hir __ other: ____________ __ decline to answer

**Birthday:** ________________________

**Primary Language:** ________________________

**Sex Assigned At Birth (check all that apply):** __ female __ male __ intersex __ other: ____________ __ decline to answer

**Gender Identity:** ________________________

For billing purposes, please answer the following if you have insurance:

**Name on Insurance:** ________________________

**Sex on record:** __ female __ male

(followed by additional insurance-related questions)

In addition to general information, intake forms are also often a place where patients can be asked for more health-related information. Some of these questions might be particularly pertinent to and/or sensitive for LGBTQIA+ individuals. Again, you can make patients fill more comfortable by including a disclaimer and by providing inclusive sets of responses.

**Family or Household-Related Questions:**

- **Parents:** If you work with minor patients, it may be necessary to ask for their parent or guardian information. To be inclusive of different family structures, avoid asking for information about a patient’s “mother and father.” Instead, use the gender neutral language of “parents/guardians.”

- **Relationship status:** If you ask for a patient’s relationship status, Wilkerson et al (2009) suggest that you specify why this information is needed. Your staff should also all be prepared to respectfully respond to any possible answers, including open and polyamorous relationships.

Footnote 3: Generally speaking, in the case of minor patients, intake forms might not always be reflective of a patient’s identity if they have not disclosed being LGBTQIA+ to a parent/guardian who is accompanying them to the healthcare center and with whom they might be filling out their intake forms. The same might be true of an elderly patient who is accompanied by a caregiver/guardian or of a disabled person who utilizes the services of a caregiver, assistant, or translator.
Intake Forms

Here is a sample of an inclusive “Family or Household-Related” section of an intake form:

If applicable

Parent/Guardian Name: ___________________________  Parent/Guardian Name: ___________________________
Contact Number: _____________________________  Contact Number: _____________________________
Insurance Information: _____________________________

Relationship Status (please check all that apply):
___ single  ___ married  ___ registered domestic partner  ___ unmarried partner
___ divorced  ___ widowed  ___ legally separated  ___ other: ___________________  ___ decline to answer

Race/Ethnicity (please check all that apply):
___ Native American; Alaskan Native  ___ Asian; Asian American  ___ Hispanic; Latin@; Latinx
___ Black; African American  ___ White; Caucasian  ___ Native Hawaiian; Pacific Islander
___ More than one race  ___ other: ___________________  ___ decline to answer

Sexual Orientation (please check all that apply):
___ lesbian  ___ gay  ___ bisexual; pansexual  ___ heterosexual  ___ asexual  ___ questioning
___ queer  ___ other: ___________________  ___ decline to answer

I live (please check all that apply):
___ in a house, apartment, SRO, or hotel  ___ in a shelter  ___ in a transitional or treatment program
___ in an RV or vehicle  ___ my situation is temporary or unstable  ___ other the street  ___ other: ___________________  ___ decline to answer

I am a veteran: ___ yes  ___ no  ___ decline to answer

I am a seasonal agricultural worker: ___ yes  ___ no  ___ decline to answer

(Intake form templates derived from Transline)
Sexual History and Health:

Some medical providers do not need to include questions about patients’ sexual history and health. Wilkerson et al (2009) note that some patients find questions about sexual history and sexual orientation invasive unless the visit is related to sexual health. That said, for providers who are providing care related to sexual health, these questions might be important for providing the best possible care. A medical provider should never make assumptions about what their patients’ anatomies might be or what their sexual histories might be like.

Sometimes knowing a person’s sexual orientation does not reveal much about their sexual history. For example, a cisgender woman who identifies as a lesbian may have had sex with a man in the past or might have sex with a trans woman who has a penis. A man might identify as married and heterosexual, but still might have sex with other men.

Here is a sample of an inclusive format for asking about sexual history:

Are you currently on birth control?: ___ yes ___ no
Are you interested in discussing birth control methods today?: ___ yes ___ no

Have you ever had sex with another person?: ___ yes ___ no
Are you interested in discussing sexual health today?: ___ yes ___ no

If you are sexually active, please respond to the following to your degree of comfort:

In your lifetime, your sexual partner(s) have been (check all that apply):
___ cisgender women (people who identify as women who were assigned female at birth)
___ transgender women (people who identify as women who were assigned male at birth)
___ cisgender men (people who identify as men who were assigned male at birth)
___ transgender men (people who identify as men who were assigned female at birth)
___ genderqueer/non-binary
___ other: _____________ ___ decline to answer

Currently, your sexual partner(s) are (check all that apply):
___ cisgender women (people who identify as women who were assigned female at birth)
___ transgender women (people who identify as women who were assigned male at birth)
___ cisgender men (people who identify as men who were assigned male at birth)
___ transgender men (people who identify as men who were assigned female at birth)
___ genderqueer/non-binary
___ other: _____________ ___ decline to answer

When was the last time you had sex with another person: ________
In this past year, how many sexual partners have you had: ________
Currently, how many sexual partners do you have: ________

Are you practicing “safer sex”? _____ never _____ sometimes _____ always
Do you think you or your sexual partner(s) may have a sexually transmitted infection (STI) right now? ___ yes ___ no

(Intake form templates derived from Transline)
Intake Forms

Have you ever been pregnant: _____ yes _____ no _____ N/A

How many times have you been pregnant?: ______
  How many abortions?: _____
  How many full-term births?: ______
  How many miscarriages?:
  How many premature births?: _____
  How many children do you live with now?: ______

Are you planning on getting pregnant? ___ yes ___ no
Do you or your partner(s) use any kind of pregnancy prevention techniques? _____ yes ___ no _____ not needed
  Are you satisfied with this method? _____ yes _____ no

(Intake form templates derived from Transline)

You might also want to include questions that your patients have the option to answer about physical, emotional, or sexual abuse:

Please respond to the following to your degree of comfort:
Have you ever been non-consensually hit, slapped, kicked, or otherwise physically hurt by an intimate partner or family member?: _____ yes _____ no
  If yes, when did this happen: ____________
  Do you want to discuss this today?: _____ yes ___ no

Have you ever experienced emotional abuse from an intimate partner or family member?: _____ yes _____ no
  If yes, when did this happen: ____________
  Do you want to discuss this today?: _____ yes ___ no

Have you ever been forced to have sexual activity against your will?: _____ yes _____ no
  If yes, when did this happen: ____________
  Do you want to discuss this today?: _____ yes ___ no

(Intake form templates derived from Transline)

Medical History

Some questions regarding a patient’s medical history might be related to their LGBTQIA+ identity.

- **Surgeries:** If a person has had gender affirming surgery, they will likely list this information when they are asked about any operations they might have had. Some intersex individuals might have been subject to “corrective” surgery during infancy. While it is less commonly the case today, some of these patients may be unaware of this aspect of their medical history. For more information, see page 26.

- **Hormones:** Although many intake forms include a space to ask about any medications and vitamins that a patient is taking, it may be useful to explicitly ask if a patient is undergoing hormone replacement therapy (e.g. for transition-related care; for menopause treatment).

Have you ever taken hormone replacement? _____ yes _____ no
  If so, do you currently take hormone replacement? _____ yes _____ no
  If so, what do you take?
    _____ estrogen/progesterone
    _____ estrogen alone
    _____ testosterone
    _____ other: ________________

(Intake form templates derived from Transline)
Intake Forms

- **Menstruation:** Some people who are women do not menstruate, and some people who menstruate are not women. Avoid gendering menstruation:

  Have you ever gotten a period? _____ unsure _____ yes _____ no (if no, skip to next section)
  - How old were you when you first period?: ______
  - What was the date of your last normal period?: ______
  - What are your periods like?
    - I get one every _____ days.
    - It lasts for _____ days.
  - I get cramps with my period: _____ yes _____ no
  - If yes, how severe are they on a scale of 1-10: _____

- **Vaccinations:** All patients should be asked about the vaccinations that they have had. Wilkerson et al (2009) note that many of the LGBTQIA+ patients that they interviewed felt that it was particularly important for health care providers to know if patients were vaccinated for Hep A and Hep B.

- **Other Prevention:** In addition to vaccines, preventative methods like Pre-exposure prophylaxis (PrEP) are also becoming more common for many members of the LGBTQIA+ community to lower the chances of HIV infection. Post-exposure prophylaxis (PEP) is a short course of anti-retrovirals (ARV) that can be prescribed within 72 hours after a possible exposure to HIV to prevent transmission of the virus. If you have a patient who might be considered as having a “high risk” of contracting HIV, discuss this prevention option with them. (POZ, 2016).

- **Screening and Testing:** Regardless of gender identity or sexual orientation, patients should also be asked about any type of screenings that they have had (e.g. cervical pap smear, anal pap smear, mammogram, colorectal cancer). All patients should be asked about whether they have been tested for sexually transmitted infections (STIs). That said, it should be noted that – because of stigma – some LGBTQIA+ patients may be hesitant to provide this information.

<table>
<thead>
<tr>
<th>When was your last:</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV test</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Sexually transmitted infection test</td>
<td>_____</td>
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<tr>
<td>Hepatitis C test</td>
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<td>_____</td>
</tr>
<tr>
<td>Bone density test</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Cholesterol test</td>
<td>_____</td>
<td>_____</td>
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<table>
<thead>
<tr>
<th>When was your last:</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Pap smear</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Was it ever abnormal?</td>
<td></td>
<td>_______</td>
</tr>
<tr>
<td>Anal Pap smear</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Was it ever abnormal?</td>
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<td>_______</td>
</tr>
<tr>
<td>Mammogram</td>
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<tr>
<td>Was it ever abnormal?</td>
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<td>_______</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>Was it ever abnormal?</td>
<td></td>
<td>_______</td>
</tr>
</tbody>
</table>

Which test(s) have you had? ___ FOBT ___ FIT ___ Colonoscopy ___ Other: ______

(Intake form templates derived from Transline)