

Sample Recommended Questions for Trans, GNC and Gender Variant-Sensitive Intake Forms

Below are some sample questions which healthcare providers may want to include as a part of the intake form and/or when taking a consumer's health and sexual history. This guide includes questions that are often missed when gender variant individuals seek healthcare services. Providers may use this document as a guide in revising their existing forms and procedures.

Name I Prefer To Be Called:

Legal Name: _____
(If different)

Preferred Gender Pronouns:

- She, her
- He, him
- Zie, hir
- They, them, their
- No pronouns (address me by name only)

Gender Identity:

- Female
- Male
- Two-Spirit
- Transgender
- I identify as _____

Assigned Sex at Birth:

- Female
- Male
- Intersex

Who are you attracted to and date most often?

- Men
- Women
- Transgender Men
- Transgender Women
- Intersex
- _____

Who are your current sexual partners?

In the past, have your sexual partners been men, women, transgender? _____

Relationship Status:

- Single
- Married
- Domestic Partnership/Civil Union
- Partnered
- Multiple Partners
- Living Together
- Separated from Spouse/Partner

- Divorced/Permanently Separated from Spouse/Partner
- My relationship status is _____

Children:

- I Don't Have Children
- My Children Live With Me/Us
- My Spouse/Partner's Children Live With Me/Us
- Shared Custody With Ex Spouse/Partner
- My children _____

Living Situation:

- Live Alone
- Live with Spouse/Partner
- Live with Roommate(s)
- Live with Parents or Other Family Members
- I Live _____

Sexual Orientation:

- Bisexual
- Gay
- Heterosexual/Straight
- Polyamorous
- Pansexual
- Lesbian
- Asexual
- Queer
- Questioning
- I identify as _____

What safer sex methods do you use, if any?

Do you need any information about safer-sex techniques? If yes, with:

- Men
- Women
- Transgender Men
- Transgender Women
- Intersex
- _____

Are you currently experiencing any sexual difficulties?

Do you want to start a family?

Are there any questions you have or information you would like with respect to starting a family?

Do you have any concerns related to your gender identity/expression or your sex assignment at birth?

Do you currently use or have you ever used hormones to alter your gender (e.g., testosterone, estrogen, homeopathic treatments, etc.)?

Do you need any information about cross gender hormone therapy?

Have you ever been tested for HIV?
 Yes (date of test) _____
 No

Are you HIV-positive?
 Yes (date of test positive) _____
 No
 I don't know

I Have Been Diagnosed / Treated For:

Diagnosed	Treated	
—	—	Bacterial Vaginosis
—	—	Chlamydia
—	—	Gonorrhea
—	—	Herpes
—	—	HPV
—	—	Syphilis
—	—	Anal Warts

I Have Been Diagnosed / Treated For:

Diagnosed	Treated	
—	—	Hepatitis A
—	—	Hepatitis B
—	—	Hepatitis C

Have You Ever Been Told That You Have Chronic Hepatitis B or C, or are a "Hepatitis B or C carrier?"
 Yes
(Please indicate type and date of test positive)

 No

Have You Been Vaccinated Against Hepatitis A or B?
 Vaccinated against Hepatitis A
 Vaccinated against Hepatitis B

Below Is A List of Risk Factors for Hepatitis A, B and C. Please check any that may apply to you:
 Sexual activity that draws blood or fluid
 Multiple sex partners

- Oral-fecal contact
- Sexual activity during menstrual period
- Travel extensively
- Dine out extensively
- Tattooing, piercing
- Use of intravenous or snorted drugs
- History of STI or STD
- Close contact with someone who has chronic Hepatitis B or C
- None apply
- Not sure if any apply

Have you ever been hurt (emotionally, sexually or physically) by someone you are close to or involved with, or by a stranger?

Is someone you are close to or involved with currently emotionally, sexually or physically hurting you?

Have you ever experienced violence or abuse?

Have you ever been sexually assaulted or raped?

A Final Note on Consumer-Provider Confidentiality:

Encourage openness by explaining that the consumer-provider discussion is confidential and that you need complete and accurate information to have an understanding of the consumer's life in order to provide appropriate care. Ensure that the conversation will remain confidential and specify what, if any, information will be retained in the consumer's medical records. Developing and distributing a written confidentiality statement will encourage Transgender, GNC, Gender Variant and other (LGB) consumers to disclose information pertinent to their health knowing that it is protected. Key elements of such a policy include:

- 1) What the information will be used for.
- 2) The specific information covered.
- 3) Who has access to the medical record?
- 4) How test results remain confidential.
- 5) Policy on sharing information with insurance companies.