

EAST NORTHPORT MEDICAL CARE
554 Larkfield Rd Ste 101
East Northport, NY 11731
631-368-9166

Patient Name: _____ DOB: _____

Leading experts in LGBT health, such as the organizations whose recommendations are discussed above, recommend the following questions. These questions are recommended based on testing with rural and urban health centers and other studies of SO/GI data collection, such as research conducted by the Center of Excellence for Transgender Health at the University of California, San Francisco.

<https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html>

SEXUAL ORIENTATION

Do you think of yourself as:

- | | |
|---|---|
| <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Lesbian, gay or homosexual | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Bisexual | |
| <input type="checkbox"/> Choose not to disclose | |

GENDER IDENTITY

Do you think of yourself as:

- Male
- Female
- Female-to-Male/Transgender Male/Trans Man
- Male-to-Female/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other
- Choose not to disclose

What sex was originally listed on your birth certificate? Male Female Decline to answer