



**Straight for Equality:  
Sample Intake Form Language**

Signaling inclusion starts in the waiting room. Use the suggestions in this document to augment or modify your existing intake form to send the message that you are supportive of GLBT patients. Please note: This is not intended to replace intake forms.

Legal name \_\_\_\_\_

Name I prefer to be called (if different) \_\_\_\_\_

Preferred pronoun \_\_\_\_\_

**Gender Identity:** Check as many as are appropriate. (An alternative is to leave a blank line next to Gender, to be completed by the patient as desired)

- Female
- Male
- Trans Female (MTF)
- Trans Male (FTM)
- Other \_\_\_\_\_

Are your current sexual partners men, women, or both? \_\_\_\_\_

In the past, have your sexual partners been men, women, or both? \_\_\_\_\_

**What is your relationship status?**

- Single
- Legally married
- Domestic partner/civil union relationship
- Divorced/separated
- Widowed
- Other \_\_\_\_\_

**Living situation**

- Live alone
- Live with spouse or partner
- Live with roommate(s)
- Live with parents or other family members
- Other \_\_\_\_\_

**Do any children live in your household?**

- Yes                       No

**Sexual Orientation/ Identity**

- Bisexual  
 Gay  
 Heterosexual/Straight  
 Lesbian  
 Queer  
 Other (please feel free to explain) \_\_\_\_\_  
 Not sure

**Do you currently use or have you used hormones (e.g., testosterone, estrogen, etc.)?**

- Yes                       No

**Do you need any information about hormone therapy?**

- Yes                       No

**Have you been tested for HIV?**

- Yes                      Most recent test: \_\_\_\_\_  
No

**Are you HIV-positive?**

- Yes    When did you test positive? \_\_\_\_\_  
 No  
 Don't know

**Do you need birth control?**

- Yes                       No

**If yes, are you currently using birth control?**

- Yes (please specify type) \_\_\_\_\_  
 No

**Do you have any questions about sex or sexuality?**

- Yes (you may state your question here or we can talk in person): \_\_\_\_\_  
 No

**Do you need to discuss any of the following with us? (check all that apply)**

- Current safety concerns or a history of physical, sexual or emotional abuse  
 Getting along with parents  
 Getting along with friends or partner  
 Privacy/confidentiality  
 Loneliness, depression, anxiety or problems eating or sleeping  
 Addiction, alcohol use, and/or tobacco use  
 Weight, bodybuilding or eating concerns  
 Safer sex or sexually transmitted diseases  
 Pregnancy test or pregnancy options  
 Other (please specify) \_\_\_\_\_