**Workflow for Gender Identity and Sexual Orientation**

**New Patients**

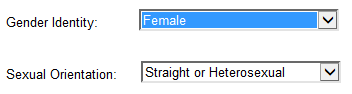
**Responsible: Front Desk**

1. All New Patient packets should now include the Patient Information Questionnaire
2. Upon receipt of the New Patient packet, please update the Registration Information, Demographic Information tab with the patient’s responses from the questionnaire.

1. The primary gender, should reflect the gender the patient was assigned at birth.



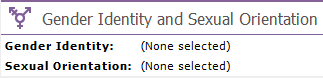
1. The Gender Identity should reflect how the patient describes themselves
2. The Sexual Orientation should reflect how they think of themselves



**Established Patients**

**Responsible: Population Health Specialist**

1. Review the Facesheet to see if the patient’s Gender Identity and Sexual Orientation have been recorded



1. If (None selected) a Patient Information Questionnaire should be completed
2. Add “PIQ” (Patient Information Questionnaire) to the scrubbing comments

**Responsible: Medical Assistants**

1. Review comments to see if scrubbing notes indicate that a “PIQ” (Patient Information Questionnaire) is needed.
2. If PIQ is needed, please complete the rooming process, and have the patient complete the PIQ while waiting for the Provider. (Just like an SBIRT)
3. After the patient has completed the PIQ, the patient’s Gender Identity and Sexual Orientation should be recorded on the Facesheet.
4. Check to ensure that the answer to question #1 matches the gender on the chart



**Patient Information Questionnaire**

(Please complete for patients 18 years and older)

Our electronic health record has been updated recently to include a few new questions. You only need to complete the questionnaire once, unless there is a change. You are welcome to update us at any time. These questions may seem personal, but they help us understand the population we are serving.

1. What gender were you assigned at birth, on your birth certificate?

* Male
* Female

1. How do you describe yourself?

* Male
* Female
* Transgender male/Trans man/Female-to-male
* Transgender female/Trans woman/Male-to-female
* Genderqueer, neither exclusively male nor female
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Choose not to disclose

1. Do you think of yourself as:

* Straight or Heterosexual
* Lesbian, Gay, or Homosexual
* Bisexual
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know
* Choose not to disclose

*We thank you for your participation! As a Community Health Center we are asked to provide information on the population we serve. This helps identify resources that may be able to assist our community and its needs. This information can also help your Medical Provider fully understand all of your clinical needs. This information is confidential.*