



Tips for Creating Intake Forms, Records, and Charts That Are Inclusive of Lesbian, Gay, Bisexual, and Transgender Clients

Name and Pronoun

A person who is gender-transitioning or who is transgender may change his or her name either functionally or legally. Using a person's chosen name and pronoun, even if you have previously known him or her by a different name or pronoun, is a sign of respect for that client. Create a space on a client's record for their chosen name (even if you are required to keep their legal name in your records), and use that name when asking for them in the waiting room and during appointments.

Example

Legal name (if you are required by law to keep this in the record): _____

Name you prefer to be called: _____

Name to be used when calling home or office: _____

Preferred pronoun:

- She
- He
- Other: _____

Gender

A client's gender identity may change during the time that you know him or her, or may not be congruent with his or her biological sex. Like using a client's chosen name, recognizing a person's gender identity is a sign of respect for that client and demonstrates that you are genuinely interested in his or her needs.

Sample gender options on intake forms

If possible, ask for gender identity as an open-ended question.

Gender _____

If this is not possible, create more than two options for a person to choose from.

Relationships

Questions that ask clients to identify if they are married or single may not apply to LGBT clients or many others, and may not give you relevant information about your client's life.

Options that more accurately reflect relationship status may include:

- Single
- Married
- Domestic Partnership/Civil Union
- Partnered
- Dating
- Separated from spouse/partner
- Divorced/permanently separated
- Other

Sexual Orientation and Sexual Health

A person's sexual orientation does not give you all the information about their sexual behavior. It is important to ask questions about both, since this gives you a more complete picture of your client and enables you to more thoroughly assess and address his or her needs.

Example

Please describe your sexual orientation:

- Heterosexual/Straight
- Bisexual
- Gay
- Lesbian
- Queer
- Questioning/Not Sure

Your current sexual partner(s) is/are (check all that apply):

- Male
- Female
- Male-to-Female Transgender
- Female-to-Male Transgender
- None

Have you ever exchanged sex for money, food, shelter, or drugs?

- Yes
- No

Screening for domestic violence/sexual assault

It is important to address domestic violence and sexual assault with all clients, regardless of sexual orientation or gender identity. These questions can be asked on an intake form in a gender-neutral way, which opens the door for a client to disclose abuse and reach out for help.

Examples

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

Are you currently being hurt by someone you are close to or involved with?

Do you feel safe at home?