

Medical Visit Form

Name: _____ Preferred Provider: _____

Main reason(s) for today's visit:

1. _____
2. _____

Check all that apply:

- Sick visit
 - ER/ Urgent Care follow-up Last ER/Urgent Care Visit: _____
 - Check-up
 - Need Shots/Vaccines
 - Need prescription refills, Which Medications? _____
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The American Medical Association supports a national health survey that incorporates a representative sample of the U.S. population of all ages (including adolescents) and includes questions on sexual orientation, gender identity, and sexual behavior for the purposes of research into patient health.

Center Street is asking that all patients answer the following questions. The information is being collected for demographic purposes only and will **NOT** affect your care.

<i>Do you think of yourself as:</i>	<i>What was your sex at birth?</i>	<i>What is your current gender identity?</i>
<input type="checkbox"/> Lesbian, Gay or Homosexual <input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something Else <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male/Female-to-Male <input type="checkbox"/> Transgender Female/ Male-to-Female <input type="checkbox"/> Other; please specify _____ <input type="checkbox"/> Chose not to disclose