

**McLaren Print System Order**

Order No: 85720 Reprint Previous Order No: 85670  
 Order Date: 2024-05-23  
 User: deanna goss  
 Phone: 517-975-9750

Ship Location: **MMP NORTH LANSING**  
 15640 LAKE LANSING RD SUITE 205  
 LANSING, MI 48912

**Forms**

Quantity: 100  
 Paragon Dept No: 51008  
 Dept Name: MGL DEWITT WOMENS HEALTH  
 Company Number: 810

Order Total Price: 3.35

Item Number: MMG-448  
 Item Description: SOGI Questionnaire  
 Revision Date: 05/2024  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: 8.5x11 SS Black



**Sexual Orientation and Gender Identity (SOGI) Questionnaire**

Patient name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

|  |   |
|--|---|
| Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female |   |
| What are your pronouns?  | Do you identify as transgender?                                     |
| <input type="checkbox"/> Patient under age 18 (not required to ask)                  | <input type="checkbox"/> Patient under age 18 (not required to ask) |
| <input type="checkbox"/> He/him  | <input type="checkbox"/> Yes  |
| <input type="checkbox"/> She/her   | <input type="checkbox"/> No   |
| <input type="checkbox"/> They/them   | <input type="checkbox"/> Prefer to describe (other)                 |
| <input type="checkbox"/> Prefer to describe (other)                                  | <input type="checkbox"/> Prefer not to describe                     |
| <input type="checkbox"/> Prefer not to describe, other                               | <input type="checkbox"/> Other                                      |
| How would you describe your gender identity?   | Which do you think of your sexual orientation as?                   |
| <input type="checkbox"/> Patient under age 18 (not required to ask)                  | <input type="checkbox"/> Patient under age 18 (not required to ask) |
| <input type="checkbox"/> Man   | <input type="checkbox"/> Straight or heterosexual                   |
| <input type="checkbox"/> Woman   | <input type="checkbox"/> Lesbian, gay or homosexual                 |
| <input type="checkbox"/> Non-binary  | <input type="checkbox"/> Bisexual                                   |
| <input type="checkbox"/> Gender queer  | <input type="checkbox"/> Pansexual                                  |
| <input type="checkbox"/> Non-conforming gender                                       | <input type="checkbox"/> Asexual                                    |
| <input type="checkbox"/> Prefer to describe (other)                                  | <input type="checkbox"/> Prefer to describe (other)                 |
| <input type="checkbox"/> Prefer not to describe                                      | <input type="checkbox"/> Prefer not to describe                     |
| <input type="checkbox"/> Other   | <input type="checkbox"/> Other                                      |
| Who are your partners?   |   |
| <input type="checkbox"/> Patient under age 18 (not required to ask)                  |   |
| <input type="checkbox"/> Male  |   |
| <input type="checkbox"/> Female  |   |
| <input type="checkbox"/> Non-binary  |   |
| <input type="checkbox"/> Transgender   |   |
| <input type="checkbox"/> Interse   |   |
| <input type="checkbox"/> Unknown   |   |
| <input type="checkbox"/> Prefer to describe  |   |
| <input type="checkbox"/> Prefer not to describe                                      |   |
| <input type="checkbox"/> Other   |   |