

McLaren Print System Order

Order No: 87309
 Order Date: 2024-07-30
 Order Request Date:
 User: Teresa Wenzlick
 Phone: 9897795692

Ship Location: McLaren ReadyCare - Attn: Shannon
 1523 S. Mission
 Mt. Pleasant, MI 48858

Brochures
 Quantity: 500
 Paragon Dept No: 50664
 Dept Name: Mt. Pleasant
 Company Number:

Order Total Price: 16.75

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
 Poster:
 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 | |

Spec Info: