

McLaren Print System Order

Order No: 90083
 Order Date: 2024-11-18
 User: MICHELLE GALATI
 Phone: 5867254604

Ship Location: McLaren Womens Health Chesterfield
 51086 Fairchild Rd
 Chesterfield Michigan,48051

Brochures
 Quantity: 100
 Paragon Dept No: 72000
 Dept Name: McLaren Womens Health Chesterfield
 Company Number: BAY10

Order Total Price:

Item Number: MMG-448
 Item Description: SOGI Questionnaire
 Revision Date: 05/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info:



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"/> Intimate	
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Prefer to describe	
<input type="checkbox"/> Prefer not to describe	
<input type="checkbox"/> Other	

Spec Info: