

Gay & Lesbian Medical Association's (GLMA) Sample Recommended Questions

These are sample questions to include as part of your intake form or ideally when taking a patient's oral history as part of a comprehensive intake; please do **NOT** use this list as an intake form.

1. Legal name: _____
2. Name I prefer to be called (if different): _____
3. Preferred pronoun: He She They Other: _____
4. Gender: *Check as many as are appropriate*
 - Female
 - Male
 - Transgender
 - Female to male
 - Male to Female
 - Other
 - Other: _____
5. Are your current sexual partners men, women, or both?
6. In the past, have your sexual partners been men, women, or both?
7. Current relationship status:
 - Single
 - Married
 - Domestic Partnership/Civil Union
 - Partnered
 - Involved with multiple partners
 - Separated from spouse/partner
 - Divorced/permanently separated from spouse/partner
 - Other: _____
8. Living situation:
 - Live alone
 - Live with spouse or partner
 - Live with roommate(s)
 - Live with parents or other family members
 - Other: _____
9. Children in home:
 - No children
 - My own children live with me/us
 - My spouse or partner's children live with me/us
 - Shared custody with ex-spouse or partner

10. Sexual Orientation Identity

- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Queer
- Other: _____
- Not sure
- Don't know

11. What safer sex methods do you use, if any?

12. Do you need any information about safer-sex techniques? If yes, with:

- Men
- Women
- Both

13. Are you currently experiencing any sexual problems?

14. Do you want to start a family?

15. Are there any questions you have or information you would like with respect to starting a family?

16. Do you have any concerns related to your gender identity/expression or your sex of assignment?

17. Do you currently use or have you used hormones (e.g., testosterone, estrogen, etc.)?

18. Do you need any information about hormone therapy?

19. Have you been tested for HIV?

- Yes
Most recent test date: _____
- No

20. Are you HIV-positive?

- Yes
Date you tested positive: _____
- No
- Unknown

21. I have been diagnosed with and/or treated for:

- Bacterial vaginosis
- Chlamydia
- Gonorrhea
- Herpes
- HPV/human papilloma virus (causes genital warts & abnormal pap smear)
- Syphilis
- None

22. Have you ever been diagnosed with or treated for hepatitis A, B, and/or C?

- Hepatitis A
- Hepatitis B
- Hepatitis C

23. Have you ever been told that you have chronic hepatitis B or C, or are a “hepatitis B or C carrier?”
- Yes
 - Which and when?: _____
 - No
24. Have you ever been vaccinated against hepatitis A or B?
- Vaccinated against hepatitis A
 - Vaccinated against hepatitis B
25. Below is a list of risk factors for hepatitis A, B, and C. Check any that apply to you.
- Sexual activity that draws blood or fluids
 - Multiple sex partners
 - Oral-fecal contact
 - Sexual activity during menstrual period
 - Travel extensively
 - Dine out extensively
 - Tattooing, piercing
 - Use intravenous or snorted drugs
 - Ever been diagnosed with or treated for an STD
 - Close contact with someone who has chronic hepatitis B or C
 - None apply
 - Not sure if any apply

Questions were taken from GLMA’s “Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients,” which can be found at:

http://www.glma.org/data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf