



## **Breaking Down Barriers:**

A Tool to Address Inequalities in  
LGBT2-SQ Healthcare in Sudbury, Ontario

**Health Care Provider Handbook**

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\*Developed via focus group feedback, feel free to circulate to your patients or incorporate into your existing forms

\*Important to circulate to all patients to avoid “outing” someone accidentally

## Rationale

This project, *Breaking Down Barriers: A Tool to Address Inequalities in LGBT2-SQ Health Care in Sudbury, Ontario* aimed to collaboratively develop and provide a means of self-advocacy for the LGBT2-SQ population. Through partnerships within the community, focus groups, data analysis, and tool creation, this project aimed to address the current gap in health care experienced by the LGBT2-SQ population (Lim, Brown & Kim, 2014). Researchers have identified LGBT2-SQ health care gaps citing stigmatization, ostracism and parental rejection as contributing factors (Committee on Adolescence, 2013). Social stigma has led to sexual denigration, discrimination and ultimately poor access to health insurance, a lack of appropriate social programming and non-culturally competent health care services (Lim, Brown & Kim, 2014).

With the medical field's historical understanding of homosexuality as a disease (de-pathologized in 1973), it has been an uphill battle for LGBT2-SQ individuals seeking sensitive and inclusive health care (Nelson, 2014). Many research studies have documented a lack of effective medical education pertaining to the needs of these populations (Lapinski, Sexton & Baker, 2014; Lim, Brown & Kim, 2014). This lack of knowledge and training applies not only at the educational level but at the practice level as well. Research has demonstrated a distinct lack of adequate organizational support for the LGBT2-SQ population and their health care needs (Lim, Brown & Kim; Portz, Retrum, Wright, Boggs, Wilkins, Grimm, Gilchrist & Gozansky, 2013). For example, according to the *Trans Needs Assessment Report* published by the Canadian AIDS Society (2014), 19% of respondents had not revealed their gender identity to any of their health care providers. Relatedly, respondents identified better access to respectful and trans-competent health care of all kinds, as well as greater public education as two of their most pressing needs (Scruton, 2014).

Even studies describing positive aspects of the changing educational system identify current gaps in training and knowledge for health care practitioners, identifying that students continue to lack the knowledge of unique health care issues affecting LGBT2-SQ populations (Lapinski, Sexton & Baker, 2014). Although a shift in attitude has begun to occur and recent studies have shown that roughly 59% of the general population have a positive outlook regarding LGBT2-SQ culture, many healthcare professionals express a continued sense of difficulty when working with the populations (Lim, Brown & Kim, 2014). A recent survey of 132 American and Canadian medical schools found that on average, only 7 hours of the overall curricula was dedicated to knowledge and skills for competent LGBT2-SQ health care (Lim, Brown & Kim, 2014).

These statistics are not listed to cast a shadow of gloom but to identify the opportunities for improved health professional education, LGBT2-SQ self-advocacy, and elevation of organizational expertise pertaining to the population. Research also demonstrates the multiple ways in which LGBT2-SQ health is diminished as well as how it can be improved. Lim, Brown & Kim (2014) discuss how multiple articles identify an increased prevalence of obesity, heart disease, type II diabetes, asthma, sexually transmitted infections, alcohol, smoking and drug use, depression and other mental illnesses as well as elevated rates of intimate partner violence, breast and colon cancer amongst LGBT2-SQ populations. Importantly, these increases in risk are not related to lifestyle, but have been related to decreased health care access, a lack of effective health care providence, and elevated levels of medical discrimination leading to ineffective health assessment. Essentially, the wrong questions are being asked, or not asked, and thus no care is provided. Also it should be noted that many LGBTQ people are not seeking the health care they need because of fear of discrimination, and a large proportion of queer and trans\* people have had negative experiences with health care.

Most importantly, the research identifies that these health statistics cannot be generalized towards an entire population. The LGBT2-SQ population includes individuals of all ages, races, ethnicities, genders, religions and any other subjective identifier one can think of. Therefore, each person is unique. The difficulty lies in identifying where to begin (Lim, Brown & Kim, 2014). We know that reducing and ideally eliminating healthcare disparities amongst the LGBT2-SQ population is essential. Success has occurred in the past once various organizations and individuals from the population consolidated their efforts identifying recommendations to guide practitioners in their practice. Basically, the population itself identified its needs and how best practitioners might provide their care. Research demonstrated that through organizational collaboration, intersectionality, and with the creation of guidelines LGBT2-SQ health care improved (Lapinski, Sexton & Baker, 2014; Lim, Brown & Kim; Portz et al., 2013). Now we have identified a population in need, a system lacking appropriate knowledge and education, and a means to effect change through self-advocacy and development.

In this project, we undertook community-based research to investigate factors that individuals of the LGBT2-SQ populations in the City of Greater Sudbury deem relevant to their health care. As emphasized in the Qualitative Interviewing With LGBT Communities Fact Sheet published by Rainbow Health Ontario in 2012, “[f]rom a social justice framework, qualitative research is an essential tool to give voice to stories that have been suppressed or silenced, and to illustrate the complex impact of oppression on individual and LGBT community health.” In using a qualitative, community-based research approach, we recognize each individual as an expert in their own rights, and firmly believe that this knowledge is vital to the success of the research (Rainbow Health Ontario, 2012). This methodology is advantageous in a number of ways, including: enhancing the LGBT2-SQ community capacity for advocacy; placing LGBT2-SQ community knowledge at the same level as that which is accorded to academic knowledge, thus increasing its perceived relevance and validity; enhancing the theoretical understanding of issues that are important to LGBT2-SQ populations by incorporating lived experience into all aspects of study design; and facilitating action-oriented change via the establishment of trusting relationships (Rainbow Health Ontario, 2012).

It is with this plan that we formulated a portable tool for all LGBT2-SQ individuals in Greater Sudbury, identifying individual health needs, documenting pertinent past medical history and providing direction regarding what they wish to receive from all health care professionals. Our hope is that you and other healthcare providers will help us in reaching this goal of working together along a road of improved healthcare for all genders and sexualities.

## References

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## Terminology

The following list of terms is taken, with permission, from the Best Start publication entitled Welcoming and Celebrating Sexual Orientation and Gender Diversity in Families, From Preconception to Preschool. Please be aware that although many efforts were taken to ensure that this list is inclusive, safe and appropriate, language is constantly evolving, and some might not identify with specific terms in the manner in which they are defined here. If your patient describes themselves using a specific term please ask them what that term means for them. Please do not use this list as a labelling aid, but rather as a tool for comprehension of language that will be utilized throughout this booklet.

### Words to Describe Sex

**Biological Sex:** The category (usually male or female) assigned at birth, based on what body parts you have and other physical characteristics. Some people say: Sex is between your legs; gender is between your ears.

**Intersex:** Someone who is born with both or ambiguous female and male genetics, and/or physical characteristics.

### Words to Describe Sexual Orientation

**Sexual orientation:** A term for emotional, physical, romantic, sexual, and spiritual attraction to another person. Examples: gay, straight, bisexual, lesbian, pansexual.

**Lesbian:** A woman whose primary sexual/romantic attractions are to other women.

**Gay:** A man whose primary sexual/romantic attractions are to other men. Is sometimes used by lesbians (i.e. gay woman), but many lesbians and bisexual people do not feel included by this term.

**Bisexual:** A person whose sexual/romantic attractions are directed towards individuals of more than one sex or gender, though not necessarily at the same time.

**Heterosexual:** A person who is primarily attracted to people of the “opposite” sex.

**Pansexual:** Someone who is attracted to other people regardless of their gender or sexual orientation.

**Queer:** A term that has traditionally been used as a derogatory and offensive word for LGBTQ people. Many have reclaimed this word and use it proudly to describe their identity and/or as an umbrella term for LGBTQ people or communities. It is not accepted by all LGBTQ people.

**Questioning:** Someone unsure of or exploring their sexual orientation and/or gender identity.

### Words to Describe Gender

**Gender Binary:** The idea that there are only two, opposite, genders: man or woman, and that people can only be one or the other and stay that way all their life.

**Gender Expression:** The public expression of gender identity: manner, clothing, hairstyles, voice or body characteristics, etc.

**Gender Identity:** A person's identification as being masculine, feminine, androgynous, trans, or something else entirely. Gender identity is distinct from sexual orientation – everyone has a sexual orientation and a gender identity and one does not predict the other.

**Trans\*:** In this manual, trans is used as an umbrella term to include transgender and transsexual people.

**Transgender:** An umbrella term referring to people who do not embrace traditional binary gender norms of masculine and feminine and/or whose gender identity or expression does not fit with the one they were assigned based on their sex at birth. Can include androgynous, genderqueer, gender non-conforming and some transsexual and Two-Spirit people.

**Transsexual:** Someone who feels their gender identity does not match the sex they were assigned at birth. Many transsexual people choose to transition so that their sex and gender identity match.

**Transition:** The process of changing from the sex one was assigned at birth to the gender one identifies with. May involve dressing in the manner of the self-perceived gender, changing one's name and identification, and pursuing hormone therapy, and/or sex reassignment surgeries.

**FTM:** Trans man; a female to male trans person; someone who was assigned as female at birth and identifies as male.

**MTF:** Trans woman; a male to female trans person; someone who was assigned as male at birth and identifies as female.

**Two-Spirit:** An English language term used to represent the traditional words used by some First Nations people to describe people perceived to embody both masculine and feminine spirits or to describe their sexual, gender and/or spiritual identity.

**Cisgender:** A term to describe a person whose gender identity matches the sex they were assigned at birth; someone who is not trans. Cis means “on the same side,” and trans means “across.”

**Cissexual/Cisgender Privilege:** The privilege that cisgender people, and those assumed to be cisgender, experience as a result of having their femaleness or maleness deemed authentic, natural, and unquestionable by society at large. This privilege allows cisgender people to take their sex and gender for granted in ways that trans people cannot. In contrast, trans people are often punished for the ways their gender identity does not match the social expectations of the sex they were assigned at birth.

**Genderqueer:** Used to describe individuals whose gender identity does not fit within the gender binary.

**Gender Variant/Gender Non-conforming/Gender Independent:** Used to refer to individuals whose expressions of gender do not conform to the dominant gender norms of masculinity and femininity.

## Words to Describe Discrimination

**Homophobia:** Discriminatory assumptions, beliefs, practices, and policies directed against people on the basis of actual or perceived same-sex sexual orientation.

**Biphobia:** Discriminatory assumptions, beliefs, practices, and policies directed against people who are bisexual or perceived to be bisexual.

**Transphobia:** Discriminatory assumptions, beliefs, practices, and policies directed at trans people, or those perceived to be trans.

**Heterosexism/Heteronormativity:** The assumption that everyone is and should be heterosexual, and that heterosexuality is the only normal form of sexual expression for mature, responsible human beings.

**Cisgenderism/Cisnormativity:** The assumption that everyone is and should be cisgender (non trans) and that cisgender is the only normal gender identity for mature, responsible human beings.

**Monosexism:** The belief that a person can only be attracted to one sex or the other, not both. It does not give people the space to identify as bisexual or pansexual.

## Reference

Best Start Resource Centre. (2012). Welcoming and Celebrating Sexual Orientation and Gender Diversity in Families, From Preconception to Preschool. Toronto, Ontario, Canada. Retrieved from [http://www.beststart.org/resources/howto/pdf/LGBTQ\\_Resource\\_fnl\\_online.pdf](http://www.beststart.org/resources/howto/pdf/LGBTQ_Resource_fnl_online.pdf)

Over the past year a series of focus groups have been held with our community partners and their clients in order to assess the needs and concerns of LGBT2-SQ populations as they seek healthcare. The following sections summarize the information these individuals and communities felt was important for health care providers to know.

## Patient concerns

It was noted that a lack of health care provider knowledge and/or preparation acts as a significant barrier for care. Therefore, participants felt that it was important to inform and educate health care providers about factors they feel are important to their care. The following are concerns that were communicated by members of LGBT2-SQ communities within Sudbury during focus group sessions.

### The Need to Feel Safe

Like any other patient, individuals identifying as LGBT2-SQ have a desire and right to feel safe when accessing care. Individuals identified a need to know that the health care encounter's focus is centered on ensuring the patient's comfort and care. Our participants suggested that the following statements and explanations would be helpful in establishing a comfortable dynamic:



**“These are standard questions that we ask of everyone.”**



**“There is no judgement here.”**

### Biases

Everyone has biases, but patients need to know that healthcare providers are willing to go beyond their biases for the patient's care.



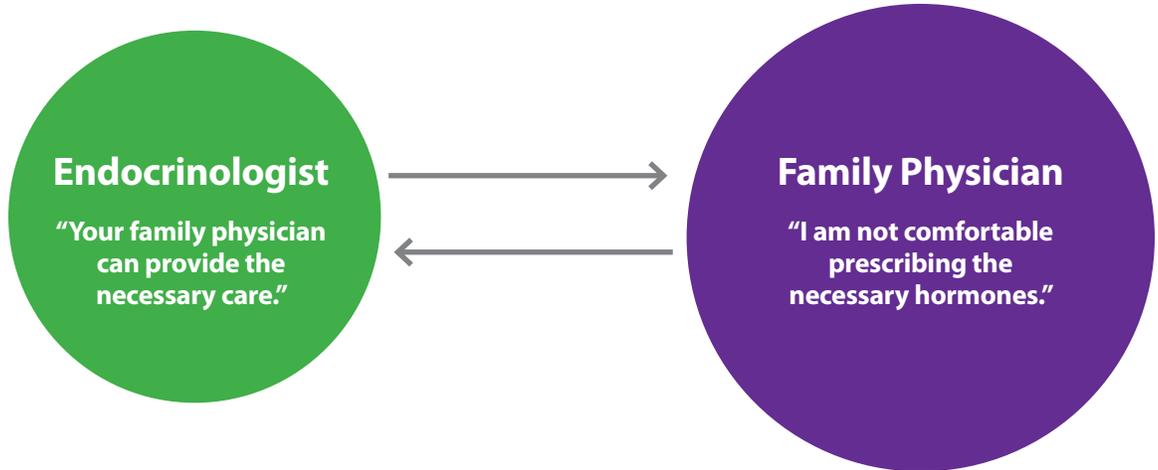
**“Your health care is important to me, and I am willing to listen to you, respect you, and learn from you.”**

It is important for us to use self-reflection to consider our own biases, and our responsibility as professionals to treat all patients with dignity and respect. For tools to aid in this process please refer to the additional resources component of this handbook.

If, despite your best efforts you find that you are unable to place your biases aside, refer the individual to a colleague who can provide safe, competent care.

### Inter-professional Communication

Participants expressed a perceived tension between specialists and family physicians, especially with respect to transgender care related to hormonal aspects of transitioning. The following cycle was reported:



In order to avoid or lessen this issue, please ensure that lines of communication are kept open between individual health care providers, and that expectations are clearly communicated. Also, it is important to ask patients their expectations, to be honest in one's response to the possibility of fulfilling the expectations, and to provide alternate services or referrals if the medicine falls outside one's scope of practice.

There are many services available to health care providers who wish to learn more about the provision of culturally safe care for members of LGBT2-SQ communities. For more information, we invite you to visit the Rainbow Health Ontario training website at: <http://www.rainbowhealthontario.ca/training/>

## Tips to Make the Clinic/Office a Safe Space

### Be Aware of Projected Biases

As previously stated, everyone has biases. However, we might not be aware of how these biases, whether conscious or not, are being projected and in turn interpreted. For instance, many waiting rooms may possess televisions, which are set to play news stations for patients. Although the appreciation for comfort and entertainment are evident, there are some news stations that are known to be unsupportive of the LGBT2-SQ community. Examples provided by participants included Fox News and Sun News. Other projections, such as crucifixes or other religious symbols, are less subtle.

Posting a rainbow triangle, pictures of same-sex couples in advertisements, and minimizing the use of hetero-normative language, such as the terms boyfriend and girlfriend or mother and father, goes a long way in developing and maintaining patient comfort in the office. There are also many LGBT2-SQ friendly children's books, pamphlets, posters and screening campaign materials that can be utilized in waiting rooms, offices and poster boards. Please refer to the list of additional resources to locate organizations through which you can access these materials.

### Reception & Greetings

All staff should recognize the importance of using people's preferred names and pronouns, and also being sensitive to context. Some individuals may present as a specific gender when arriving alone, but may present as another when arriving with family members. Calling an individual by the inappropriate name can be a source of anxiety, embarrassment and discomfort.

During the first interaction with the patient it is simplest to ask if they prefer to be called by the name of the gender as which they present, or always by a certain name. Of course, following through on this promise of a proper greeting is crucial, thus the information must be communicated to the receptionist, nurse, visiting student, etc., in a clear and consistent way.

It is also important to remember that LGBT2-SQ sensitivity, like all other sensitivity awareness and acquisition, requires continuous training and education. All members of the health care team/clinic/practice need to be included actively in the training in order to ensure consistent and competent care.

### Referrals and Forms

Completing forms can be a daunting and anxiety-provoking act for many people of LGBT2-SQ communities. It is important to make forms as safe and inclusive as possible by providing options for gender non-conformative individuals (beyond the typical male/female options), and utilizing the term "parent" or "caregiver" rather than "mother" or "father". For more examples, please refer to the patient handout at the end of this booklet.

As far as referrals are concerned, always assume patients are "in the closet", so to speak. Therefore, it is important to always ask for disclosure:

**"How do you want to appear at the test?"**

**"Do you want me to let the testing facility and staff know your gender identity and preferred name?"**

**"How would you like to be addressed?"**

Some individuals are also concerned that important information regarding one's past medical history and the state of their transition may be lost as care is transferred from one provider to another. Many have suggested placing an indicator on or within the file in order to mark details that the patient feels are crucial to their care, similar to the alerts that many EMR systems employ for allergies.

## Helpful Ways to Phrase Questions

### General

It is common knowledge that health care providers face the struggle of gathering huge amounts of information within a short time frame. This can sometimes lead to frustrations for both providers and patients. In order to make this task easier, we have included suggested questions and statements that can help to create a safe and honest environment in which information can be shared openly and efficiently.



**"What can I do to make it easier for you to talk to me?"**



**"Please be who you are. We do not need you to fit into a particular box."**



**"Disclose as you're able."**



**"I am not making judgements about your responses, so I hope you feel you can be completely honest with me."**

Although these questions/statements may help to build rapport and comfort, it is important to be aware of the fact that you might not get an honest answer the first time you ask a question. Sometimes it will take many visits to develop the rapport necessary for disclosure of certain details. Please do not be frustrated by this – many LGBTQ individuals have had negative experiences with health care providers in the past and need time to build trust. It is a process that can take time, and your patience and openness is an important part of that trust-building process. It is extremely important to offer future support throughout this process, as patients still deserve respectful and appropriate treatment, no matter their comfort level.

Participants also expressed a desire to be asked for their consent for specific information to be included in their patient chart. If discussing sensitive information, it could be beneficial to explain the importance of recording certain information and to ask for the patient's permission to have the information included in their file.

Please remember that it is okay if you make a mistake by stumbling over your words, or momentarily overlooking a sensitive comment as long as an explanation and sincere apology follow.

### When Asking Sensitive Questions

Some questions are, by nature, more sensitive and possibly embarrassing than others. As health care providers it is our responsibility to frame and present these questions in a safe, unbiased and professional way to ensure patient comfort and obtain medically necessary information.

In the pages to follow you will find some examples of how to approach specific, common topics that might land toward the sensitive end of the spectrum.

#### Sexual Activity

First and foremost, it is important to understand that sexual identity and orientation do not always encompass all sexual activities. Assumptions of this nature can lead to important details being missed, and delayed or absent health screenings and tests.

When discussing sexual activity it is crucial to explain the reasons for which you are collecting the information. It is especially important for consent and the legal requirement of contact tracing. Many patients do not know how the process of contact tracing works, and who is informed of which particular pieces of information. Therefore, questions can seem intrusive and without purpose. The following approach is suggested:

**“I need to ask you some questions of a sexual nature. I need to ask because [\_\_ reasons why they are important for care \_\_]. I want you to know that you are safe and that you will not be judged. It’s important for your health care that you’re honest with me, and please let me know if you have concerns.”**

Sexual behaviour, specifically, can be a daunting topic to approach sensitively and effectively. Many individuals may still be “in the closet”, so to speak, and seeking understanding of self. Thus, they cannot make their health care provider understand what they don’t understand themselves. The following statement has been suggested to open the discussion in a safe and honest manner:

**“Sexual preference has a wide variety of natural variations. We do not value any above another.”**

The Kinsey scale (adaptation below) can serve as a useful tool to measure self-reported sexual behaviour (The Kinsey Institute, 2015). However, please keep in mind that not all individuals feel as though this is an accurate scale for them. As with many tools, the Kinsey scale has received its own criticisms over the years.

Exclusively opposite sex behaviour	Mostly opposite sex, incidental same sex	Mostly opposite sex, more than incidental same sex	Equal same sex and opposite sex behaviour	Mostly same sex, more than incidental opposite sex	Mostly same sex, incidental opposite sex	Exclusively same sex behaviour
0	1	2	3	4	5	6

Following the disclosure of a specific sexual or gender identity it is important that the health care provider take the opportunity to affirm their respect for the individual and their stated identity. In order to facilitate this, along with the collection of medical information, the following statement has been suggested:

**“I acknowledge where you are at right now. I’m really glad you felt able to confide in me about this, and it is helpful to me to provide the best possible care for you.”  
At this point, this is important to your care because [ \_\_\_ reasons, i.e. necessary screenings, exams, etc. \_\_\_ ].”**

Regarding specific practices, when asking about intercourse it is crucial to ask about oral sex, mutual masturbation, hands jobs, and other practices specifically as some might not consider or report these as sexual activities. In addition, patients should be asked specifically about the use of sex toys or objects in their sexual activities. Both of these details are important to open discussions and screening regarding transmission of sexually transmitted infections via various routes and objects, as well as proper cleaning procedures in order to limit infections of many kinds.

### Privacy and “Coming Out”

The process of coming out varies considerably from person to person, and from relationship to relationship. Many who are straight/cis don’t realize that ‘coming out’ is a constant, ongoing process, not just something that happens once. Queer and trans\* individuals are always making decisions about where and how to be ‘out’ every time they are in a social situation with new people, and have to make judgements about how safe it is to be ‘out’ in any given context. Thus, although someone might consider themselves to be “out” within a certain group, they might not be comfortable with specific people or groups having knowledge of their sexual or gender identity. This is important clinically as most focus group participants have explained the anxiety and potential for suicidality that can accompany unplanned or unwanted disclosure of these intimate details. Some suggestions for opening the conversation follow:

“We need to discuss your privacy. Who are you comfortable with knowing your sexual preferences or gender identity and under what circumstances?”

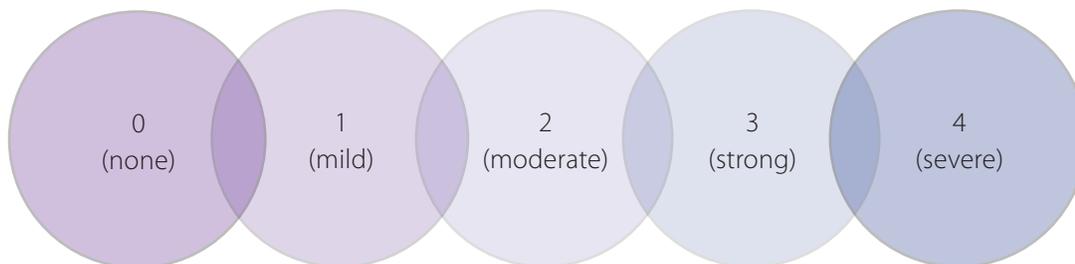
“Is there anyone that you would not want to be aware of your sexual preferences or gender identity?”

“Would you like some help in explaining your gender or sexual identity to anyone. If so whom and when?”

When an individual discloses delicate information, such as a gender identity or sexual identity, it is important to acknowledge it in a respectful and sensitive manner. Eye contact, full attention, and a calm demeanour are valued.

## Abuse

As discussed in the rationale section, members of LGBT2-SQ populations often face increased rates of abuse and intimate partner violence throughout their lives (Lim, Brown & Kim, 2014). It is important for the mental and physical health of patients to explore this thoroughly. Focus group participants have proposed the following format:



Please rate your personal experiences with each of the following forms of abuse based on the scale above:

	Rating	Current, Recent or Historical
Emotional/Psychological		
Verbal		
Physical		
Sexual		
Other		

## References

Lim, F.A., Brown, D.V., & Kim, S.M.J. (2014). Addressing Health Care Disparities in the Lesbian, Gay, Bisexual, and Transgender Population. *Continuing Education*, 114(6), 24-34.

The Kinsey Institute (2015). Kinsey's Heterosexual-Homosexual Rating Scale. Retrieved from <http://www.kinseyinstitute.org/research/ak-hhscale.html#how>

## Resources for Further information

### **Addictions and Mental Health Ontario**

<http://www.addictionsandmentalhealthontario.ca/>

### **Are You an ALLY? Campaign – Mount Sinai Hospital**

[http://www.mountsinai.on.ca/about\\_us/human-rights/ally/](http://www.mountsinai.on.ca/about_us/human-rights/ally/)

### **Canadian Trans Lifeline**

1-877-330-6366

### **LGBTQ Parenting Network – Sherbourne Health Centre**

<http://lgbtqpn.ca/>

### **LGBT Youth Line**

1-800-268-9688

<http://www.youthline.ca/index.php>

### **Ontario Aboriginal HIV/AIDS Strategy**

<http://www.oahas.org/>

[heather@oahas.org](mailto:heather@oahas.org)

705-674-9449

### **Rainbow Health Ontario**

[www.rainbowhealthontario.ca](http://www.rainbowhealthontario.ca)

(416) 324-4100

### **Réseau ACCESS Network**

(705) 688-0500

1-800-465-2437 (toll free)

<http://www.accessaidsnetwork.com/>

### **Sudbury Action Centre for Youth**

<http://www.sacy.ca/>

(705) 673-4396

[sacy@sacy.ca](mailto:sacy@sacy.ca)

### **Tg Innerselves**

<http://www.tginnerselves.com/>

[info@tginnerselves.com](mailto:info@tginnerselves.com)

(705) 673-4396 Ext. 207

## **The Gender and Health Project**

<http://www.genderandhealth.ca/en/modules/sexandsexuality/>

## **Welcome to Our Clinic**

New Patient Information Sheet



## Welcome to Our Clinic

### New Patient Information Sheet

Clinic Name

Clinic Address

Important Details (number of professionals, services offered, hours of operation)

**Our clinic strives to provide our patients of all ages, genders, sexual orientations, races, functional levels, religions and beliefs with safe and competent care.**

If you wish, you may complete the following sheet and have it included in your file for future visits. The information that you return to us via this form will be considered a component of your confidential medical file.

Preferred name \_\_\_\_\_ and pronoun \_\_\_\_\_

Legal name \_\_\_\_\_

We will strive to use your preferred name and pronoun unless legally required for forms/documents/prescriptions/etc.

Would you prefer us to:

- use your preferred name all the time
- address you as you present

If we have to phone, leave a message or send mail, which name would you prefer we use?

### Gender Identity (Check all that apply)

- Male
- Female
- Transgender Male/Trans Man/FTM
- Transgender Female/Trans Woman/MTF
- Genderqueer
- Androgenous
- 2 Spirited
- Gender Fluid
- Other (Please Specify)  
\_\_\_\_\_
- Prefer not to answer
- I would like to discuss this with you

**How would you identify your sexual orientation?** (Check all that apply and/or use scale below)

- Lesbian
- Gay
- Bisexual
- Straight/Heterosexual
- Queer
- 2 Spirited
- Questioning
- Asexual
- Pansexual
- Other
- (Please Describe) \_\_\_\_\_
- Prefer not to answer
- I would like to discuss this with you

Do you want to transition?

Yes

How far? \_\_\_\_\_

No

If you are transitioning, or have transitioned in the past, please describe your stage of transition, as you perceive it to be.

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Are you currently taking any medications?

- Prescription
- Over the counter
- Herbal remedies
- Recreational
- None
- I would like to discuss this with you

Are you taking hormones?

- Yes
- No
- I would like to discuss this with you

If you are taking hormones, are these:

- Prescribed
- Non-prescribed
- Herbal

\*Disclosed information is confidential and highly important for your care.

What do you feel is most important for me to know about you and your health so that I can provide the best care possible for you?

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In the event of an emergency or medical crisis, or residency within a long-term care home:

1. How would you like to be identified (name, preparation/clothing, etc.)?

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2. Who would you like to allow in the room to visit?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Understand your gender identity to be: \_\_\_\_\_

Your name to use with this individual: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Understand your gender identity to be: \_\_\_\_\_

Your name to use with this individual: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Understand your gender identity to be: \_\_\_\_\_

Your name to use with this individual: \_\_\_\_\_

Are there any contents of this form that you would like to discuss personally with your healthcare provider?

Yes, Please describe \_\_\_\_\_

No

Are there any contents NOT on this form that you would like to discuss personally with your healthcare provider?

Yes, Please describe \_\_\_\_\_

No

Would you like us to make a copy of this form for you?

Yes

No

**We look forward to working together. THANK YOU for your trust!**