

Preferred Name: _____

Why is my demographic information needed?

Everyone has unique health needs and we are gathering information to make sure that we respect individual choices and how people identify so that we can provide the best health care possible.

Additionally, these questions are a requirement of the Health Resources and Services Administration (HRSA) which provides federal funding that Southwest CARE Center receives as a function of its Federally Qualified Health Center (FQHC) status.

How do I choose the correct information?

There are no right or wrong answers, just choose the closest to how you identify.

Who will see this information?

Your healthcare provider and it will be part of your confidential health record.

What is your sexual orientation?	What is your current gender identity?	Housing Status
<ul style="list-style-type: none"> <input type="radio"/> Heterosexual/Straight <input type="radio"/> Lesbian or Gay <input type="radio"/> Bisexual <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> Decline to answer 	<ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Male Transgender/Male Transexual/Female to Male (FTM) <input type="radio"/> Female Transgender/Female Transexual/Male to Female (MTF) <input type="radio"/> Gender queer; do not identify as Male or Female <input type="radio"/> Other <input type="radio"/> Decline to answer 	<ul style="list-style-type: none"> <input type="radio"/> Stable/Not homeless <input type="radio"/> Transitional/Temporary, please specify <ul style="list-style-type: none"> <input type="checkbox"/> Doubling up <input type="checkbox"/> Shelter <input type="radio"/> Unstable/Homeless <ul style="list-style-type: none"> <input type="checkbox"/> Street <input type="radio"/> Declined to answer

