



## Patient Empowerment Sheet

**My Legal Name:** \_\_\_\_\_

**Name I Use:** \_\_\_\_\_

**My Pronouns Are (please circle):**      He      She      They

**My Sex Assigned at Birth (please circle):** Male      Female      Intersex

**My Gender Identity (please circle):**  
Male    Female    Trans Woman    Trans Man    Non-Binary    Self-Identify: \_\_\_\_\_

**My Sexual Orientation (please circle):**  
Lesbian    Gay    Bisexual    Queer    Pansexual    Asexual    Self-Identify: \_\_\_\_\_

**Current Insurance:** \_\_\_\_\_

**Current Pharmacy:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_

**OB/GYN (if applicable):** \_\_\_\_\_

**I see a specialist for:** \_\_\_\_\_

**Other provider names:** \_\_\_\_\_

**I struggle with (please check):**       depression/anxiety       relationships/dating       religion  
 family acceptance     housing     bullying/harassment     smoking     drugs     alcohol  
 sexuality/gender     sex/STIs/pregnancy

**Today I would like to talk about:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Today I have questions about:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Equitas Health

INSTITUTE FOR LGBTQ HEALTH EQUITY

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