



Focus on Forms and Policy:  
**Creating an Inclusive Environment  
for LGBT Patients**



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

**Lesbian, gay, bisexual, and transgender (LGBT) people come from all walks of life and experience many of the same health problems as non-LGBT people. This means that every organizational policy and procedure may impact the experience of LGBT people. To create an LGBT-affirming and inclusive environment, it is important to examine policies and procedures.**

- It is particularly important to pay attention to the ways in which policies define patients' families. We recommend defining families as broadly as possible, so that partners, children, and even friends who have no legal status are included in accordance with patients' wishes.
  - Visitation policies, rooming policies, care plans, and decision-making processes are all policies that should undergo careful review as they can have more specific family definition.
  - Posting these policies in a high-visibility area is a way to signal openness to same-sex partners and non-traditional families.

**Due to the long history of discrimination against LGBT people in health care settings, nondiscrimination and employment policies should include the terms “sexual orientation,” “gender identity,” and “gender expression.”**

- Inclusion of these terms in nondiscrimination policies is important even when a health center is in a jurisdiction where discrimination based on these characteristics is prohibited by law.
- Posting the non-discrimination policy in several high-profile locations sends a clear signal to patients about the health center’s values regarding a commitment to LGBT-inclusive care.
- Including the employment non-discrimination policy in job postings can help recruit a more diverse workforce.
- It is equally important to establish a well-defined process for reporting and responding to any discrimination that may occur.



## **Collecting data on sexual orientation and gender identity should happen routinely. Registration is a key opportunity to let LGBT patients know they are recognized and welcomed.**

- Asking questions about sexual orientation and gender identity in the demographics section of registration forms communicates to patients that the health center recognizes them and understands their health care needs.
- It is best practice is to document each patient's name used and pronouns, and a process for ensuring that all staff use them.
- Gender identity is best asked in two parts: current gender identity and sex assigned at birth. These two questions give a clearer, more clinically relevant representation of the transgender patient than asking just one question. Asking a single question about sex/gender does not give an adequate answer as not all transgender people will check "Transgender Man" or "Transgender Woman" on a form, instead selecting the option with which they identify (e.g. "Man" or "Woman"). The gender identity question should also include options for people who have a non-binary gender identity.
- Staff should respectfully clarify when a patient's name or gender identity does not match their insurance or medical records. Staff can cross-check identification by looking at date of birth and address. Clarifying questions include:
  - "Could your chart be under a different name?"
  - "What is the name on your insurance?"

## **Taking a routine sexual health history should be part of the comprehensive history for all adult and adolescent patients.**

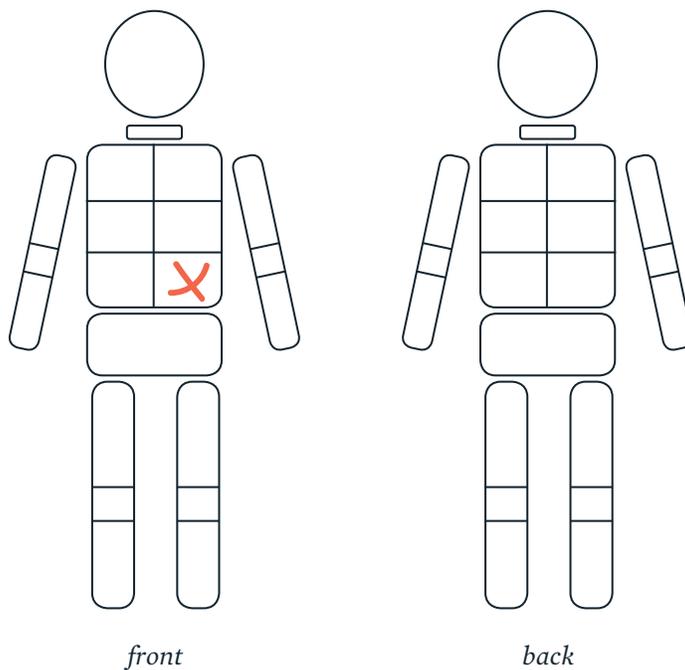
- Questions about sexual history should not assume heterosexual relationships or that every sexually active person requires contraception. Patients who engage in exclusively same-sex behavior may feel marginalized by this assumption. It is also important to keep in mind that some patients may have different fertility statuses or engage in types of sex that do not result in pregnancy.
- Discussions of sexual health should be broader than just a focus on behavior and associated risks such as sexually transmitted infections (STIs) and HIV, and should allow people to talk about a range of issues including questions about past or present abuse, reproductive options, and sexual health and function.
- Questions noted as "Female only" or "Male only" should be removed. This questions should appear to all patients and the option for "Not applicable" should be added. Transgender people often retain some natal organs, so it is important that these questions are answered by all relevant patients to receive regular preventative care.

**It is critical to review the language in registration and medical history forms, as well as training front-line staff to use LGBT-inclusive language.**

- Forms should avoid gender-specific terms, such as asking about “husband/wife” or “mother/father,” and should reflect the reality of LGBT families by asking about “relationships,” “partners,” and “parent(s).” See the table below for replacement options.
- Forms asking for specific family member history of illness should provide patients with further options than those traditionally suggested. Health centers can use the term “Blood relative” instead of “mother/father.” Blood relative is inclusive and more likely to be understood by patients regardless of their literacy level, and is particularly relevant for patients who may be adopted or may not know their biological parent(s). Health centers can include a “Specify who” instruction for items that are marked as being present in biological family history.
- Forms that use images to document pain or areas of concern should make sure those images are gender-neutral. Forms could also employ the use of diagrams not having a human outline, such as quadrants. Images that have a specific gender may limit patients from identifying certain medical issues. For example, male/transgender male patients obtaining a breast screening would need a non-female illustration to document/locate the area of interest.

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*Please use the diagram below to indicate any areas of pain or concern.*



The table below shows some common and easily implemented updates for forms. The table shows the outdated language along with recommended options for updating. Response options are included for new suggested questions in the following format: New Question: Response Option A; Response Option B; Response Option C; etc.

Old Language	Recommended update
<b>Mother/Father</b>	Parent(s)/Guardian(s)
<b>Husband/Wife</b>	Spouse/Partner(s)
<b>Marital Status</b>	Relationship Status: Single; Married; Partnered; Separated; Divorced; Widowed.
<b>Living Arrangement</b>	Alone; Spouse/Partner(s); Child(ren); Sibling; Parent(s)/Guardian(s); Group setting; Personal care attendant; Other
<b>Sex/Gender: Male or Female</b>	What is your current gender identity: Male; Female; Transgender Male/Transgender Man/ Female-to-Male (FTM); Transgender Female/Transgender Woman/Male-to-Female (MTF); Genderqueer – neither exclusively male nor female; Other; Choose not to disclose.  What sex were you assigned at birth on your original birth certificate: Male, Female, Choose not to disclose
<b>Sexual Orientation</b>	Do you think of yourself as: Straight or heterosexual; Lesbian, gay, or homosexual; Bisexual; Something Else; Don't Know; Choose not to disclose.
<b>Family History</b>	Use “Blood relative” in questions.
<b>Nursing Mother</b>	Currently nursing. This wording is inclusive of those who do not identify as a mother (or a woman), but who are currently nursing to be included in this response.
<b>Female Only/ Male Only</b>	Remove sex-specific language and include “Not applicable” as a response option.

Creating an affirming and inclusive environment for LGBT people requires health centers to understand the cultural context of patients' lives, and to modify procedures, behavior, and language to be inclusive. Changes to forms and policies can go a long way in communicating to LGBT patients and their families that the health center welcomes the opportunity to care for them. These changes will ensure that LGBT people are more likely to be comfortable sharing information relevant to their care with providers and staff. By taking these steps, health centers can ensure that all of their patients, including their LGBT people, attain the highest possible level of health.

**The National LGBT Health Education Center has the following publications available that provide more information:**

- [Understanding the Health Needs of LGBT People](#)
- [Ten Things: Creating Inclusive Health Care Environments for LGBT People](#)
- [Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff](#)
- [Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records](#)
- [Affirmative Care for Transgender and Gender Non-conforming People: Best Practices for Front-line Health Care Staff](#)
- [Providing Affirmative Care for Patients with Non-binary Gender Identities](#)
- [Taking Routine Histories of Sexual Health: A System-wide Approach for Health Centers](#)





This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for \$449,985.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

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