Intake Information

Date of birth: ________________________________

Age as of today: ________________________________

How did you learn about Healthy Transitions?
☐ Community Provider
☐ Community Outreach
☐ School
☐ Not listed

The way I learned about Healthy Transitions was not listed above. I learned about Healthy Transitions through:
______________________________

Race/Ethnicity:
☐ American Indigenous or Alaska Native
☐ Asian
☐ Black or African-American
☐ Hispanic or Latinx
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Prefer not to share
(Select all that apply.)

Gender:
☐ Woman
☐ Man
☐ Non-binary, Genderfluid, or Genderqueer
☐ Agender
☐ Unsure
☐ My gender is not listed here
☐ Prefer not to share

My gender was not listed above. My gender is:
______________________________

The pronouns I use are:
☐ she/her/hers
☐ he/him/his
☐ they/them/their
☐ My pronouns are not listed here
☐ Prefer not to share

My pronouns were not listed above. My pronouns are:
______________________________

Are you transgender?
☐ Yes
☐ No
☐ Unsure
☐ Prefer not to share
Sexual Orientation:

- Straight
- Lesbian or Gay
- Bisexual
- Pansexual
- Asexual
- Unsure
- My sexual orientation is not listed here
- Prefer not to share

(Check all that apply.)

My sexual orientation was not listed above. My sexual orientation is:

__________________________________