SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

SOGI For Contractors w/o Avatar Access
MIS Data Entry Form

Date:	**Client Name:**
Avatar ID #:	
What is your preferred Name?	

What is your Sexual Orientation?

- ☐ Straight or Heterosexual
- ☐ Lesbian, Gay or Homosexual
- ☐ Bisexual
- ☐ Queer
- ☐ Asexual
- ☐ Don't Know/Decline to answer
- ☐ Did not ask
- ☐ Another _____

What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Female to male/Transgender Male
- ☐ Male to female/Transgender Female
- ☐ Genderqueer not exclusive male/female
- ☐ Decline to answer
- ☐ Did not ask
- ☐ Another _____

What sex were you assigned at birth on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Declined to answer
- ☐ Did not ask
- ☐ Another _____

What are your pronouns?

- ☐ He/Him
- ☐ They/Them
- ☐ She/Her
- ☐ Declined to answer
- ☐ Did not ask
- ☐ Another: _____

Have you been diagnosed by a doctor with an Intersex condition?

- ☐ Yes
- ☐ No
- ☐ Declined to answer
- ☐ Did not ask

*****Please submit this form with your monthly billing to MIS.**

*****Paper versions of this form will be kept in the agency's official medical record**

Signature/Discipline: _____ Date: _____

Confidential Patient Information:
See California Welfare and Institutions Code Section 5328.