

SUPPLEMENTAL REGISTRATION FORM – LGBTQ+

NAME

Complete Legal Name	
Complete Preferred Name	

GENDER PRONOUNS (circle all that apply)

She / Her / Hers	He / Him / His
They / Them / Theirs	Ze / Hir / Hirs
Other (please specify)	

I IDENTIFY MY GENDER AS (circle all that apply)

Female / Feminine / Woman	Male / Masculine / Man	Gender Non-conforming
Trans / Transgender	Transsexual	Bigender
MTF / Transgender Man	FTM / Transgender Woman	Two spirit
Intersex	Genderqueer	Genderfluid
Butch	Femme	Questioning
Other (please specify)		

I IDENTIFY MY SEXUAL ORIENTATION / PREFERENCE AS (circle all that apply)

Lesbian	Gay	Curious
Queer	Bisexual	Non-identified (no label)
Heterosexual / straight	Same gender loving	Asexual
Omnisexual	Heteroflexible	Trans-attracted
Questioning	MSM (men who have sex with men)	Pansexual
Other (please specify)		

MY GENDER EXPRESSION IS (circle all that apply)

Feminine	Masculine
Androgynous	Fluid
Other (please specify)	

MEDICAL (if additional space is needed please provide details on back side of page)

What sex did your doctor put on your birth certificate	
Have you ever received hormone treatments? If yes dates, purpose, outcomes?	
Have you had any surgeries? If yes dates, purpose, outcomes?	
Current medications? Name, dosage, purpose.	

Signature		Date	
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