Multnomah County
Health Department

Name: _____
MRN: _____
DOB: ___/___/____ ID#_____
Sex: M _ F (or place label here)

Demographic Information

We ask everyone these questions on an annual basis. They go into your health record and are protected under privacy laws. They help us plan your care. Please skip any questions you don't want to answer.

Preferred name: _____

Legal Name: _____ Date of Birth: _____

My ethnicity is:
❑ Latino/Hispanic ❑ Non-Latino/Non-Hispanic ❑ Decline to answer ❑ Don't know

My race is: *(check all that apply)*
❑ Asian ❑ Native Hawaiian ❑ Other Pacific Islander ❑ Black/African American
❑ American Indian ❑ Alaskan Native ❑ White ❑ Decline to answer ❑ Don't know

The sex category I use for medical insurance is:
❑ Female ❑ Male

I am a veteran of the uniformed services of the United States.....❑ Yes ❑ No

The language I prefer to speak is:
❑ English ❑ Spanish ❑ Russian ❑ Vietnamese ❑ Somali ❑ Other: _____

My current sexual orientation is:
❑ Lesbian or gay ❑ Straight ❑ Bisexual ❑ Questioning ❑ Don't know
❑ Choose not to disclose ❑ Not listed, please tell us: _____

My gender identity: *(check all that apply)*
❑ Woman ❑ Man ❑ Girl ❑ Boy
❑ Transfeminine (transwoman, transgender female, male-to-female)
❑ Transmasculine (transman, transgender male, female-to-male)
❑ Gender queer/Gender expansive ❑ Questioning ❑ Don't know ❑ Choose not to disclose
❑ Not listed, please tell us: _____

My pronoun is:
❑ He/Him ❑ She/Her ❑ They/Them ❑ Decline to answer
❑ Not listed, please tell us: _____

Please take this form with you into your appointment. Your provider can answer any questions you have about the information on this form and how it will be used.