

# Adding/Modifying Patient Pronouns

[Click here to learn more about why pronouns are important](#)

## What is changing or what needs to be communicated?

How to enter patient sexual, gender identity and orientation and have it face up in the banner bar.

### Option 1: Enter information during intake:

1. Use the **Social History** section of the Ambulatory Comprehensive Intake Form.
  - o This is an option in any form that contains Social History.

Ambulatory Comprehensive Intake - XTEST, ANNEMARIE M

Performed on: 04/15/2021 1629 MDT

Summary

Social History

Mark all as Reviewed

Social

Add Modify Display Active

Category	Details	Last Updated	Last Updated By	Last Re
Tobacco	Current every day smoker, Type: Cigarettes. per day 1 pack. 20 year(s). Total pack years: 20.	09/01/2016 09:13 MDT		11/27/2
	Use: Current every day smoker. Type: Cigarettes.	09/22/2017 10:38 MDT		11/27/2
	Use: Former smoker. Type: Cigarettes.	12/01/2017 14:05 MST		
	Use: Never smoker.	10/12/2018 15:17 MDT		
	Use: Former smoker.	09/23/2019 14:55 MDT		
Alcohol	Liquor, Average drinks per day: 2. Previous treatment: None.	03/11/2019 09:35 MDT		
Substance Use	Current, Amphetamines, Marijuana	09/19/2016 10:23 MDT		11/27/2
Sexual, Gender Identity and Orienta...				
Home/Environment	Lives with Siblings, Spouse.	12/01/2017 14:05 MST		
	Living situation: Hospice.	09/23/2019 14:55 MDT		
Employment/School	Unemployed, Highest education level: High school.	12/01/2017 14:05 MST		
Hobbies/Interests				

2. Right Click on Sexual, Gender Identity and Orientation to **Add** or **Modify** and open the form.

and Orienta...

- Add Sexual, Gender Identity and Orientation History...
- Modify Sexual, Gender Identity and Orientation History...
- Remove Sexual, Gender Identity and Orientation History
- View Sexual, Gender Identity and Orientation History...
- Properties...

- o Starred fields indicate areas that will make changes in Banner Bar.

Social History

Sexual, Gender Identity and Orientation

Do you think of yourself as:

Lesbian, gay or homosexual

Straight or heterosexual

Bisexual

Something else, please describe (Other)

Don't know

Choose not to disclose

Other:

What is your current gender identity?

Identifies as female

Identifies as male

Female to Male/Transgender Male/Trans Man

Male to Female/Transgender Female/Trans Wo...

Genderqueer, neither exclusively male nor female

Add I gender category, please specify (Other)

Choose not to disclose

Other:

What was your sex assigned at birth?

Female

Male

Inter-sex (both-sexes)

Prefer not to answer

Preferred pronoun(s):

She/Her

He/Him

They/Their

Other:

Sexually active:  Yes  No

First active at age: Age  Year(s)

Number of partners in your lifetime:

What method(s) of protection/contraception do you use?

Condoms

Birth control pills

IUD

Natural planning

Other:

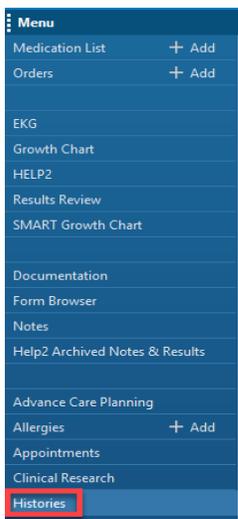
Comment:

OK Cancel

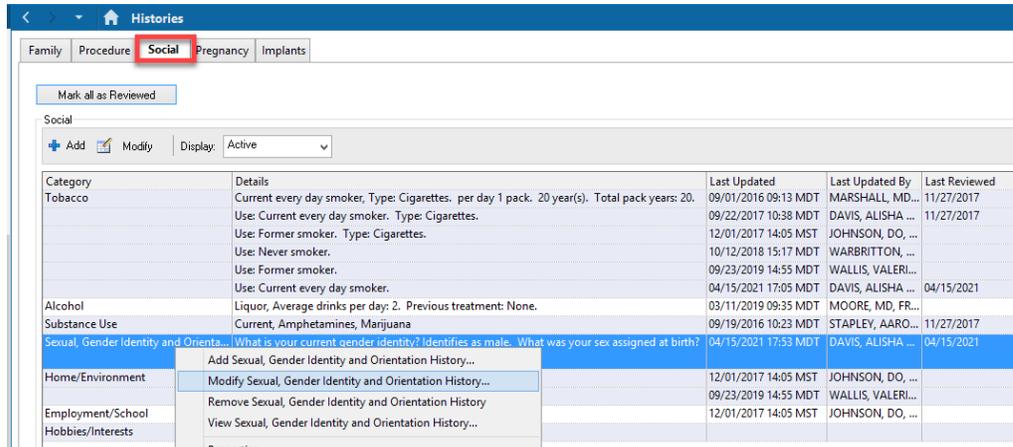
3. Select **OK** and check off your form to save changes.

## Option 2: Enter information from Histories in the Table of Contents (main Menu)

1. Open patient chart.
2. Go to Menu on the Left side.
  - Select **Histories**.
  - Note: not all Menus are in the same order.



3. Select the tab that reads Social.
  - Select **Sexual, Gender Identity and Orientation**.



- Right click and **Add** or **Modify**.

4. Fill out accordingly.

 A form titled 'Sexual, Gender Identity and Orientation'. It contains several sections of questions and options:
 

- Do you think of yourself as:**
  - Lesbian, gay or homosexual
  - Straight or heterosexual
  - Bisexual
  - Something else, please describe (Other)
  - Don't know
  - Choose not to disclose
  - Other:
- What is your current gender identity?**
  - Identifies as female
  - Identifies as male
  - Female to Male/Transgender Male/Trans Man
  - Male to Female/Transgender Female/Trans Wo...
  - Genderqueer: neither exclusively male nor female
  - Add if gender category, please specify (Other)
  - Choose not to disclose
  - Other:
- What was your sex assigned at birth?**
  - Female
  - Male
  - Inter-sex (both-sexes)
  - Prefer not to answer
  - Other:
- Preferred pronoun(s):**
  - She/Her
  - He/Him
  - They/Their
  - Other:
- Sexually active:**  Yes  No
- First active at age:** Age  Year(s)
- Number of partners in your lifetime:**
- What method(s) of protection/contraception do you use?**
  - Condoms
  - Birth control pills
  - IUD
  - Prefer not to answer
  - Natural planning
  - Other:
- Comment:**
- Add Comment** button

5. Don't forget to click **OK** to sign off on the changes at the bottom right corner.

## Important:

Will the Banner Bar show whether a patient's birth sex is different from current gender identity?

**i** next to the patient Sex in the banner bar indicates the patient does not identify with sex assigned at birth.

What goes where?

**YTEST, ANNEMARIE M** Age:45 years  
DOR:02/02/1976  
Allergies: Peanuts, Absorbable ... Sex:Female ⓘ

He/Him

### Sexual, Gender Identity and Orientation

Do you think of yourself as:

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else, please describe (Other)
- Don't know
- Choose not to disclose
- Other:

Preferred pronoun(s):

- She/Her
- He/Him
- They, Their
- Other:

Sexually active:  Yes  No

First active at age:  Age  Year(s)

Number of partners in your lifetime:

What method(s) of protection/contraception do you use?

- Condoms
- Birth control pills
- IUD
- Natural planning
- Other:

Comment:

What is your current gender identity?

- Identifies as female
- Identifies as male
- Female to Male/Transgender Male/Trans Man
- Male to Female/Transgender Female/Trans Wo...
- Genderqueer, neither exclusively male nor female
- Add'l gender category, please specify (Other)
- Choose not to disclose
- Other:

What was your sex assigned at birth?

- Female
- Male
- Inter-sex (both-sexes)
- Prefer not to answer