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 <u>Ambulatory Comprehensive Intake Form</u>.
 - This is an option in any form that contains Social History.

0		Amb	ulatory Comprehensive Ir	ntake - XTEST, A	NNEM/
I 🗟 🚫 🖄 🗖	🛧 🕈 📾 🖽 🗎				
Performed on: 04/	15/2021 🔹 🗸 1629 🗼 !	MDT			
Summary	Social History				
Interpreter Needs	Social History				
Accommodation 1					
RUO R	Mark all as Reviewed				
	Social				
CSSRS Quick Sc	Add Modifie Direlay	Active		Upable b	Obtain
Vision Testing PO	Thomas Townships				o o bitam
Family History	Category	Details	Last Updated	Last Updated By	Last Rev
GYN History	* Tobacco	Current every day smoker, Type: Cigarettes. per day 1 pack. 20 year(s). Total pack yea	rs: 20. 09/01/2016 09:13 MDT		11/27/2
Pregnancy Histon		Use: Current every day smoker. Type: Cigarettes.	09/22/2017 10:38 MDT		11/27/2
ID Rials Samon		Use: Former smoker. Type: Cigarettes.	12/01/2017 14:05 MST		
ID Nak Suleen		Use: Never smoker.	10/12/2018 15:17 MDT		
Fall Risk Assessm		Use: Former smoker.	09/23/2019 14:55 MDT		
More Vitals	Alcohol	Liquor, Average drinks per day: 2. Previous treatment: None.	03/11/2019 09:35 MDT		
ROS	Substance Use	Current, Amphetamines, Marijuana	09/19/2016 10:23 MDT		11/27/2
Brief Pain Invento	Sexual, Gender Identity and Orien	ta	10/01/0017114.051467		_
Manufacture 1	Home/Environment	Lives with siblings, spouse.	12/01/2017 14:05 MIST		
Musculoskeletal P	Employment/School	Living situation: Hospice.	12/01/2017 14:05 MDT		
Accident Informat	Hobbies/Interests	onempioyed, righest education rever, righ school.	12/01/2017 14:05 14:51		
Pain Managemen	The state of the s				
Low Back Pain					
Mini-Cog					
ASSIST Scale					
Dishetes Foot Ev					

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



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

exual, Gender Identity	and Orientation			
Do you think of yourself as: What is your current gender identity?	Leshian, gay or homosexual Straight or heterosexual Bisexual Conservation of the servation	Preferred pronoun(s): Sexually active: First active at age: Number of partners in your lifetime: What method(s) or protection/contraception do you use?	She/Her ♥He/Him They/Their Other: Yes No Age Year(s) Birth control pills UD Natural planning Other:	
What was your sex assigned at birth?	Female Male Inter-sex (both-sexes)	Comment:		^

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.

Menu	
Medication List	+ Add
Orders	+ Add
EKG	
Growth Chart	
HELP2	
Results Review	
SMART Growth Chart	
Documentation	
Form Browser	
Notes	
Help2 Archived Notes 8	k Results
Advance Care Planning	
Allergies	+ Add
Appointments	
Clinical Research	
Histories	

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

🔿 🝷 🔒 Historie	5			
mily Procedure Social	Pregnancy Implants			
Mark all as Reviewed				
Social				
• • • • • • •	at a Astro			
🗣 Add 🔮 Modity	Display: Active			
Category	Details	Last Updated	Last Updated By	Last Reviewe
Tobacco	Current every day smoker, Type: Cigarettes. per day 1 pack. 20 year(s). Total pack years: 20.	09/01/2016 09:13 MDT	MARSHALL, MD	11/27/2017
	Use: Current every day smoker. Type: Cigarettes.	09/22/2017 10:38 MDT	DAVIS, ALISHA	11/27/2017
	Use: Former smoker. Type: Cigarettes.	12/01/2017 14:05 MST	JOHNSON, DO,	
	Use: Never smoker.	10/12/2018 15:17 MDT	WARBRITTON,	
	Use: Former smoker.	09/23/2019 14:55 MDT	WALLIS, VALERI	
	Use: Current every day smoker.	04/15/2021 17:05 MDT	DAVIS, ALISHA	04/15/2021
Alcohol	Liquor, Average drinks per day: 2. Previous treatment: None.	03/11/2019 09:35 MDT	MOORE, MD, FR	
Substance Use	Current, Amphetamines, Marijuana	09/19/2016 10:23 MDT	STAPLEY, AARO	11/27/2017
Sexual, Gender Identity and	Orienta What is your current gender identity? Identifies as male. What was your sex assigned at birth?	04/15/2021 17:53 MDT	DAVIS, ALISHA	04/15/2021
	Add Sexual, Gender Identity and Orientation History			
Home/Environment	Modify Sexual, Gender Identity and Orientation History	12/01/2017 14:05 MST	JOHNSON, DO,	
	Remove Sexual. Gender Identity and Orientation History	09/23/2019 14:55 MDT	WALLIS, VALERI	
Employment/School	View Sexual Gender Identity and Orientation History	12/01/2017 14:05 MST	JOHNSON, DO,	
Hobbies/Interests	view sexual, center identity and cheritation instoliy			

- Right click and **Add** or **Modify**.
- 4. Fill out accordingly.

Sexual, Gender Identity and Orie	entation				
Do you think of yourself as:	Lesbier, gay or homosexual Straight or heterosexual Bisesual Something else, please describe (Other) Ont know Choose not to disclose	What was your sex assigned at birth? Preferred pronoun(s):	Female Male Inter-sex (both-sexes) Prefer not to answer Othen: Stau/Her	What method(s) of protection/contraception do you use? Comment:	Condoms Bith control pills IUD Natural planning Other:
What is your current gender identity?	Cther: Identifies as female ✓ Identifies as male		Grand Herrice Street S		
	Female to Male/Transgender Male/Trans Man Male to Female/Transgender Female/Trans Wo Gendermers petter exclusively male nor female	Sexually active:	○Yes ○No		Add Comment
	Add'I gender category, please specify (Other) Choose not to disclose	Number of partners in your lifetime:	Age Year(s)		
	U Other:				

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?

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

What goes where?

He/Him Alicegics: Peanuts, Chsorbable	Age:45 years DOP:02/02/1976 . Sex:Female	
Sexual, Gender Identity and Orientation		
Do you think of yourself Lesbian, gay or homos as: Straight or heterosexua Bisexual Something else, please	exua al e d. scribr (Other)	 She/Her ✓ He/Him ✓ The yr meir Other:
Choose not to disclose	Sexually active:	⊖Yes ⊖No
Other:	First active at age:	Age Year(s)
What is your current ldentifies as female gender identity?	Number of partners in your lifetime:	
☐ Female to Male/Trailso ☐ Male to Female/Trailso ☐ Genderqueer, neit er e ☐ Add'l gender cate jory	gender Male/Trans Man gender Female/Trans Wo exclusively male nor female , please specify (Other) What method(s) of protection/contraception do you use?	Condoms Birth control pills IUD
Choose not to di close	2	Other:
What was your sex Female assigned at birth? Male Hite: sex (both-sexes) Prefer not to answer	Comment:	

