

**Manual Exhibit 23-02-A  
Example of Intake Form**

<b>LEGAL NAME:</b>		<b>PREFERRED NAME:</b> <i>(OPTIONAL)</i>	
First: _____ Middle: _____ Last: _____		<b>DATE OF BIRTH:</b> <u>MM/DD/YYYY</u>	
		<b>BIRTH SEX:</b> <i>sex assigned at birth</i> <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Intersex <input type="radio"/> Other	<b>LEGAL SEX:</b> <i>if different from birth sex</i> <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other
<b>GENDER IDENTITY</b> <i>(OPTIONAL)</i>		<b>PERSONAL PRONOUN</b> <i>(OPTIONAL)(CHECK ALL THAT APPLY)</i>	
<b>SEXUAL ORIENTATION</b> <i>(OPTIONAL)</i>			
<input type="checkbox"/> Female	<input type="checkbox"/> He, Him	<input type="checkbox"/> Straight	
<input type="checkbox"/> Male	<input type="checkbox"/> She, Her	<input type="checkbox"/> Gay	
<input type="checkbox"/> Two Spirit	<input type="checkbox"/> They, Them	<input type="checkbox"/> Lesbian	
<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Ne, Nem	<input type="checkbox"/> Bisexual	
<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Ey, Em, Eir, Eirs,	<input type="checkbox"/> Two Spirit	
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Ve, Ver, Vis	<input type="checkbox"/> Queer	
<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Xe, Xem, Xyr, Xyrs	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Gender Expansive	<input type="checkbox"/> Ze, Hir, Hirs	<input type="checkbox"/> Decline to answer	
<input type="checkbox"/> Gender Diverse	<input type="checkbox"/> Ze, Zir, Zirs	<input type="checkbox"/> Other_____	
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know		
<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Decline to answer		
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____		
<b>*DO NOT SCAN IN HEALTH RECORD.</b>			
<b>Update in Patient Registration application and destroy document immediately after successful entry and verification of information in RPMS.</b>			