



Welcome to Core Physicians' LGBTQ Health Program!

We are so excited to welcome you to our practice, located at 21 Hampton Road, Building 3, Exeter, NH, 03833. You will be having an initial consultation with Dr. Robert Kelly, a board certified family medicine physician, who will work in collaboration with your Core PCP (primary care provider) to bring you the high quality health care you deserve.

To make your first visit as successful as possible, we kindly ask that you complete the information below before your first visit so that Dr. Kelly can review it in advance of your appointment. Completed forms can be faxed to 603-775-0247 or emailed to LGBTQhealth@ehr.org. (Please keep in mind that communications you send via email, or over the internet, are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. All communications coming from your healthcare provider will be encrypted). If you are a new patient, you will also be asked to complete other new patient registration forms separate from this form.

Legal Name*: _____ Name Used: _____

Date of birth: _____

Legal Sex (Please check one)*: Female Male Other _____

*While we recognize a number of genders/sexes, many insurance companies and legal entities, unfortunately, do not. If your preferred name and/or pronouns are different from those above, please let us know below.

My pronouns are: _____

Do you think of yourself as:

Lesbian, gay or homosexual Straight or heterosexual Bisexual Unsure Other: _____

Relationship status:

Married Partnered Single Divorced Other: _____

What is your gender?

Female Male Genderqueer or not exclusively male or female

What was your sex assigned at birth?

Female Male Other _____

Do you identify as transgender or transsexual?

Yes No Unsure

What is your primary reason for visiting Core's LGBTQ Health Program? (Select all that apply)

- Continuing gender-affirming hormone therapy Starting gender-affirming hormone therapy
- PrEP for HIV prevention Want a provider well-versed in LGBTQ health issues/topics
- Other _____

What medications (if any) are you currently taking that you would like to discuss with Dr. Kelly about prescribing? (If on testosterone, please include the formulation, route (SC or IM), concentration, amount, needle and syringe sizes, etc.)

What else would you like Dr. Kelly to know about you, your health, or your relationships?
