Notice of Patient Demographic Change

> **Important**: Make sure your insurance is updated before doing this if you intend to visit CHLA again, because insurance will decline any procedures billed under the wrong name or legal sex.

> This procedure assumes you're changing your legal name, preferred name, legal sex, preferred gender, pronouns, and address. Feel free to modify it as needed.

This form (English/Arabic/Armenian/Farsi/Korean/Spanish) is used to update your medical records at CHLA to match a new legal or preferred name, pronouns, gender, and/or legal sex.

1. Put the name you're changing to in the Last and First fields.
2. Put **Self** in the Relationship to Patient field.
3. Put your email address in the Email address field.
4. Under Patient Name, put your previous name.
5. Under Patient's Date of Birth, put your date of birth in the US format (MM/DD/YYYY).
6. Sign in the signature field and put the current date under it in the US format.
7. In the Information to Update table
   - Under Legal Name, put your previous name in the Previous column and the name you're changing to in the New column
   - Under Name Used, do the same thing as Legal Name
   - Under Legal Sex, select your AGAB in the Previous column and the gender on your form of ID in the New field.
   - Under Gender, select your AGAB in the Previous column and your preferred gender in New. You may choose either the Transgender variants or the regular ones, depending on how you'd like your gender reflected in your chart.
   - Under Pronouns, select your previous pronouns in the Previous column and your new pronouns in the New column. You may also use neopronouns by selecting the Not Listed field and writing your pronouns on the provided line.

Example

Here's what your form should look like once it's finished (Everything I added is in red for emphasis. Use black when you're filling your form out):

Notice of Patient Demographic Change

Name of Person requesting change:
Please attach a copy of your ID

Last: Doe First: Jane

Relationship to Patient: Self Email address: jane@example.com

Patient Name (If this information needs to be changed, please write in the patient's previous name):

Last: Doe First: John

Patient's Date of Birth (If this information needs to be changed, please write in the patient's previous Date of birth):

(MM/DD/YYYY): 01 / 01 / 2000

Signature: Jane Doe
Today's Date:

(MM/DD/YYYY): 01 / 01 / 2025

Please only fill in the rows that need to be changed:
****For any changes to Legal Name and/or DOB, please attach the patient's birth certificate/legal documentation.**

Information to Update	Previous	New
Legal Name**	John James Doe	Jane Jamie Doe
Name Used	John James Doe	Jane Jamie Doe
Date of Birth**		
Legal Sex	☐ Female ☒ Male ☐ Intersex ☐ Nonbinary	☒ Female ☐ Male ☐ Intersex ☐ Nonbinary
Gender	☐ Girl/Woman ☒ Boy/Man ☐ Transgender Girl/Woman ☐ Transgender Boy/Man ☐ Genderqueer/Gender Diverse ☐ Nonbinary/Agender ☐ Unsure ☐ Not Listed:_____ ☐ Decline to State	☒ Girl/Woman ☐ Boy/Man ☐ Transgender Girl/Woman ☐ Transgender Boy/Man ☐ Genderqueer/Gender Diverse ☐ Nonbinary/Agender ☐ Unsure ☐ Not Listed:_____ ☐ Decline to State

Information to Update	Previous	New
Pronouns	☐ She/Her/Hers ☒ He/Him/His ☐ They/Them/Theirs ☐ Decline to State ☐ Not Listed : _____	☒ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Decline to State ☐ Not Listed : _____
Address	1111 Street St. Los Angeles, CA 90000	1234 Avenue Ave. Los Angeles, CA 90001
Guardian 1		
Guardian 2		
Other: _____		

Information for this patient will be completely or slightly changed. ; However, Documents prior to the change may still show previous information. Name Used and Pronouns are not confidential. They will be on the patient wristband and can be seen in the Electronic Medical Record.
While we recognize all gender identities, many insurance companies and legal organizations do not. Please be aware that the legal name and sex listed on your insurance must be used for billing communication with the insurance company, and for providing necessary documents. If you do not have insurance, list what is on your government-issued ID (such as driver's license)

HIM Use Only ----------
- ---------- **Patient's MRN:**
Date of Change: **Employee:**

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