Gender Affirming Care

Name:	Date of Birth: / /

For the following questions please answer to the best of your ability, check the box which best applies to you, and clearly fill out any question which require a written answer. Your answers are for our records only and will be considered confidential. Please note that during your initial visit you will be asked some questions about your responses to this questionnaire and there may be additional questions.

Question	Yes	No
Have you had a legal name change?	☐ Yes	☐ No
If you answered no, are you interested in a legal name change?	☐ Yes	☐ No
Have you changed the gender marker on your birth certificate? (Only for Hawaii-born patients)	☐ Yes	☐ No
If you answered no, are you interested in changing the gender marker on your Hawaii Birth Certificate?	☐ Yes	☐ No
Have you changed the gender marker on your Hawaii ID?	☐ Yes	☐ No
If you answered no, are you interested in changing the gender marker on your Hawaii ID?	☐ Yes	☐ No
Have you ever been on hormone therapy?	☐ Yes	☐ No

If so, please list current hormone therapy regiment below:

Medication	Dosage	Frequency

Question	Yes	No
Have you had any interruption in your gender affirming medication?	☐ Yes	☐ No
Are you currently without medication?	☐ Yes	☐ No

If so, how long had you been off of your medications? ______________________________

Question	Yes	No
Have you ever procured medications from outside of the country? If so, which medications?	☐ Yes	☐ No

If so, which medications?

i. ______________________________

ii. ______________________________

iii. ______________________________

iv. ______________________________

Question	Yes	No
If you are on medications now, is there anything you would like to change or modify in your regimen?	☐ Yes	☐ No

If so, please state a short summary of what you would like to modify:

____

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Question	Yes	No
Have you had any gender affirming surgeries?	☐ Yes	☐ No

If so, please note the surgical intervention(s) and when procedures were completed.

Surgical Intervention	Date of Completion
	/ /
	/ /

Question	Yes	No
If not, are you interested in referral to gender affirming surgeons?	☐ Yes	☐ No

Which surgeries are you most interested in?

i. ______________________________

ii. ______________________________

iii. ______________________________

It is understood that gender affirming medication therapies will be maintained at dosing that provides physiologic hormone levels. The Clinic will not recommend or prescribe medication at dosages that push hormones into supratherapeutic levels.