

Care of Transgender and Gender Expansive Adults: How to Diagnose, Support, Prescribe, Monitor

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No conflicts of interest to declare.

(Hormone prescribing may be off-label)



Klinic — Winnipeg, Canada

Treaty 1 territory, traditional territory of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene Peoples, and on the National Homeland of the Red River Métis

Trans Health:

HOW TO DIAGNOSE

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

WPATH
STANDARDS OF CARE
for the Health of Transgender
and Gender Diverse People

Version

8



WPATH.ORG

What is Gender (WHO)

“Socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men.

It varies from society to society and can be changed.”

Transgender prevalence:

1.17% & 0.9% (Nova Scotia, BC) aged 15-34 (2021)

Gender Dysphoria (DSM-5, 2013)

A difference between one's experienced/expressed gender and assigned gender, and **significant distress or problems functioning**. It lasts at least **six months** and is shown by **at least two of the following**:

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
- A strong desire to be rid of one's primary and/or secondary sex characteristics
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender
- A strong desire to be treated as the other gender
- A strong conviction that one has the typical feelings and reactions of the other gender

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

IC



JOURNAL
AND CLIN
www.men

ARTICLE

Gender Incon

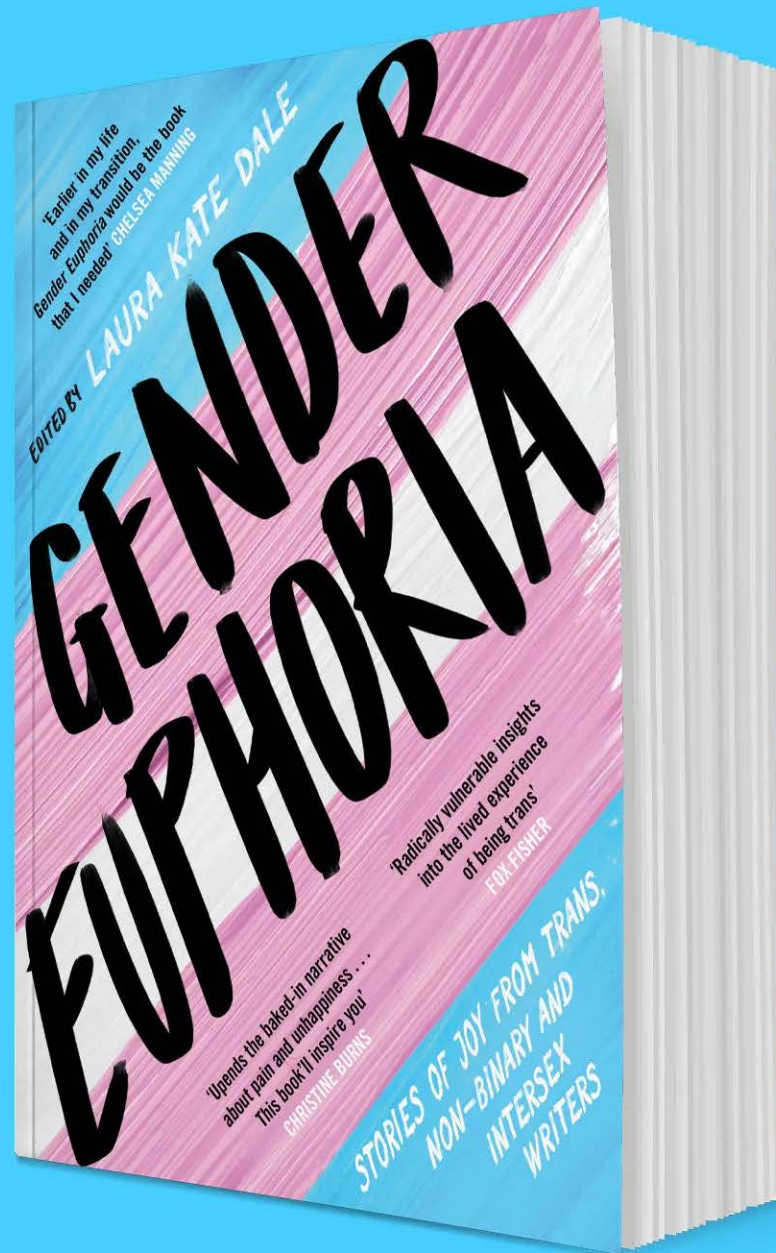
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³Master of Gen

⁴Intern Resider



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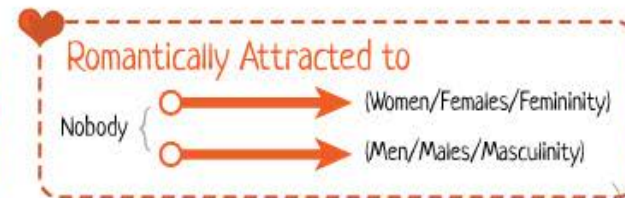
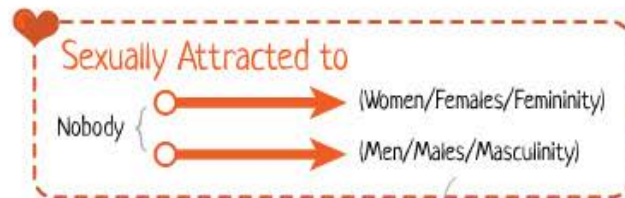
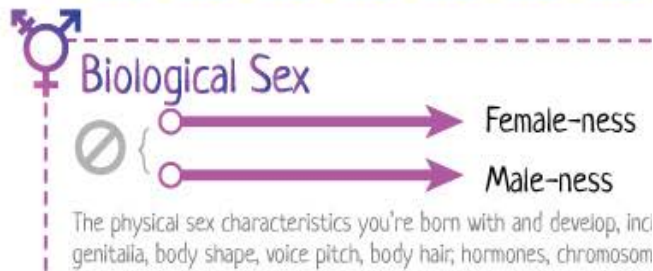
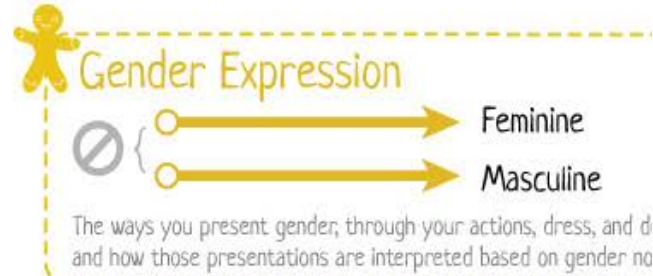
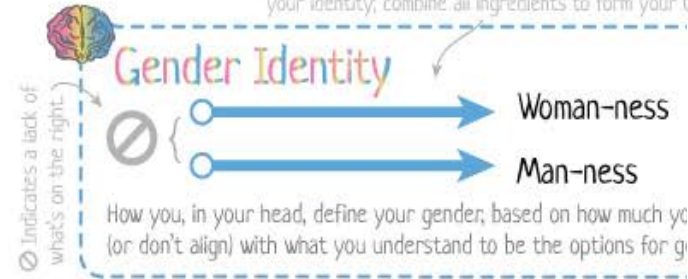
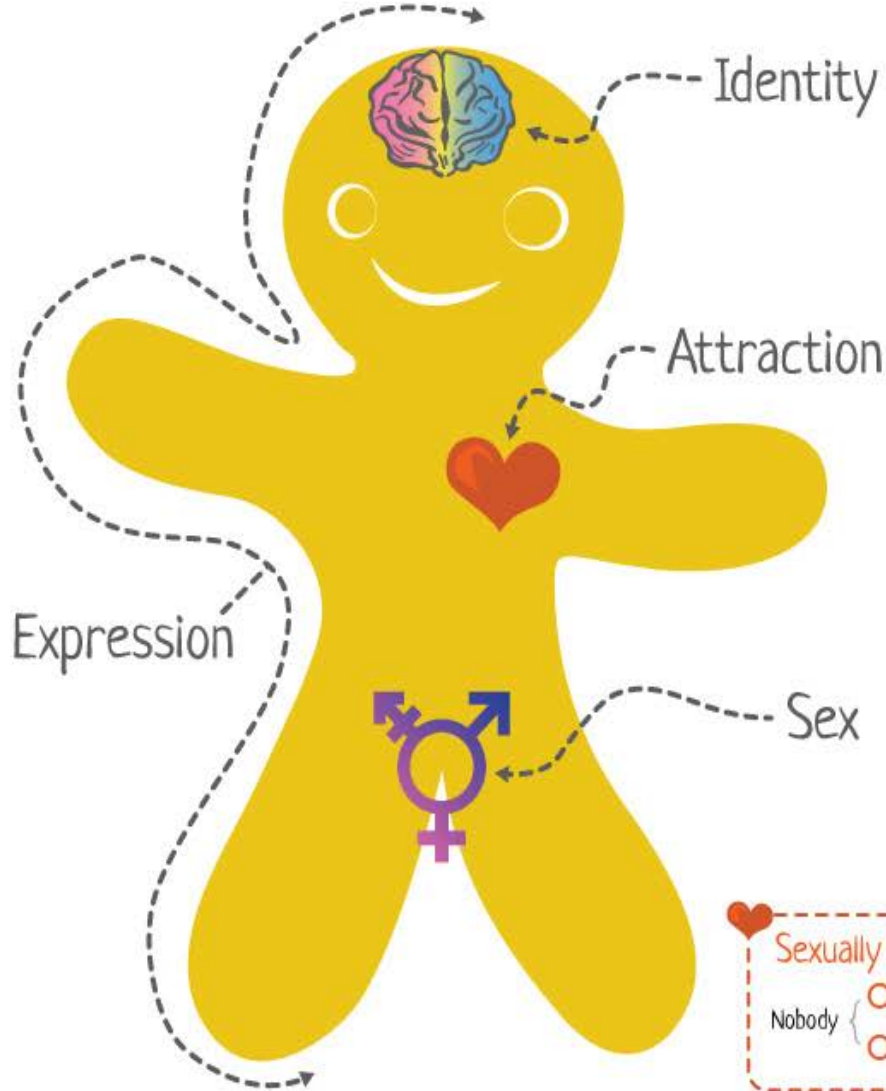
The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

by its pronounced **METROsexual**.com

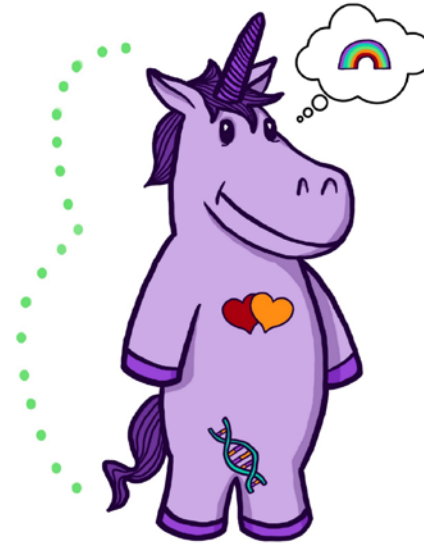
Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos



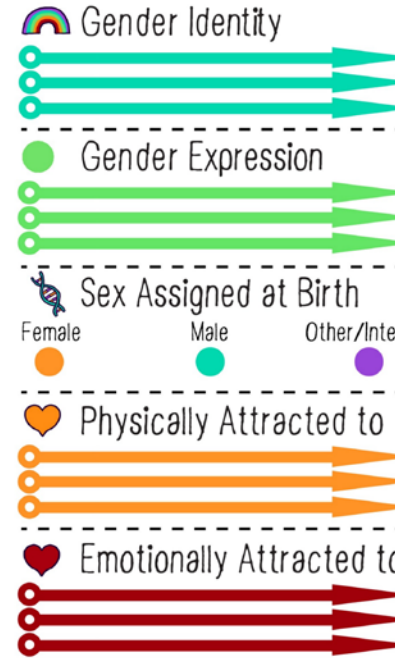
In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

The Gender Unicorn



To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore





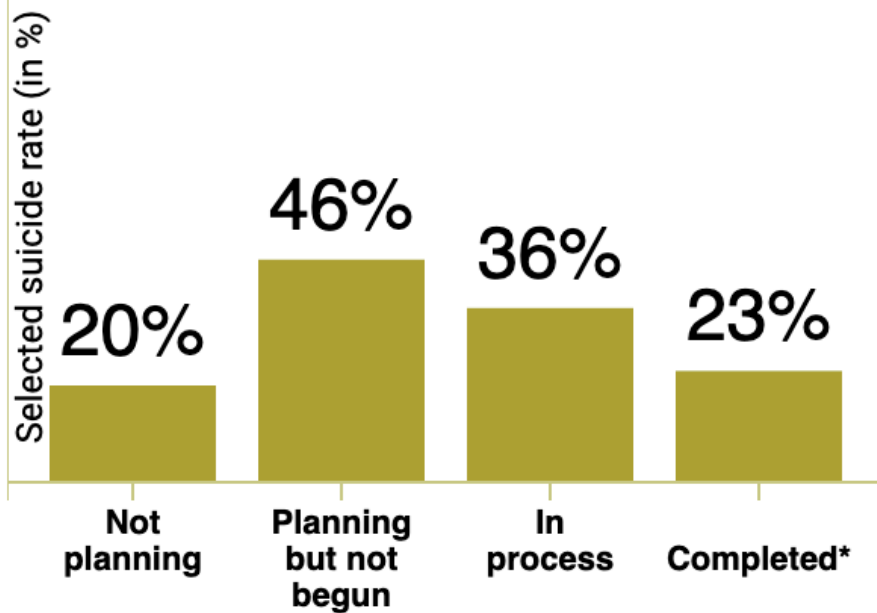
Trans Health:

HOW TO SUPPORT (and why)

—

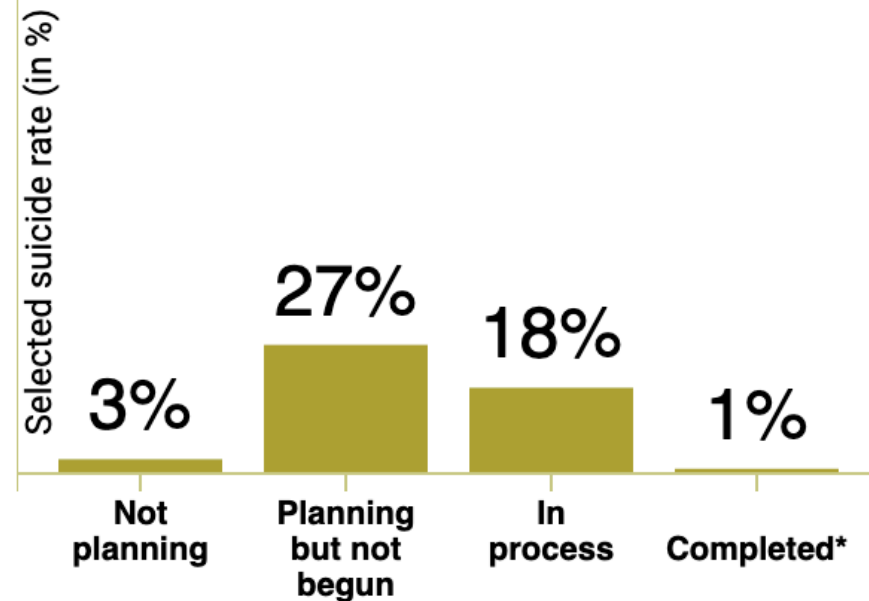
Gender Affirming Care is Life Preserving Care

SUICIDAL IDEATION (ACROSS LIFESPAN) ▾



Medical Transition Status

SUICIDE ATTEMPT (PAST YEAR) ▾



Medical Transition Status

Sources ▾

- Bauer GR, Scheim AI, for the Trans PULSE Project Team (2015). Transgender People in Ontario, Canada: Statistics to Inform Human Rights Policy. [🔗](#)
- Bauer, G., K, A., Pyne, J., Scanlon, K., & Travers, R. (2012). Improving the health of trans communities: Findings from the Trans Pulse Project. Conference presentation presented at the Rainbow Health Ontario Conference, Ottawa, ON. [🔗](#)

Psychiatric Outcomes in Transgender Persons After Hormone Therapy or Gender-Affirming Surgery: A Systematic Review

Melissa Lee, BHSc,¹ Ronald Leung, BHSc,² Reha Kumar, BHSc¹

Results

Fig 1. PRISMA flow diagram

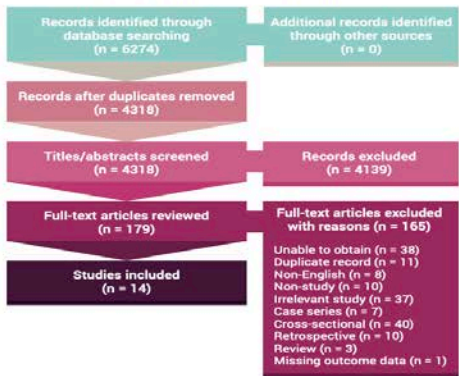


Table 1. Studies included in the review

First author (year)	Cohort (age) Size (N)	Intervention	Length of follow-up	Change in scores × number of corroborating scales			
				Depression	Anxiety	Gender dysphoria/body image	Global psych fcn/distress
Cardoso da Silva (2016)	MF (31±10) N = 47	Genital reconstruction	≥ 1 yr			↔ × 1	↗ × 1
Colizzi (2013)	MF (64%, 29±10) FIM (36%, 27±8) N = 70	Cross-sex hormones	1 yr				↗ × 1
Colizzi (2014)	MF (73%, 29±7) FIM (27%, 29±8) N = 137	Cross-sex hormones	1 yr	↗ × 2	↗ × 2		↗ × 1
Costa (2015)	MF (37%, 17±1) FIM (63%, 16±1) N = 101	Puberty suppression + psych support	6 mo			↔ × 1 (6 mo)	
		Psych support (waitlisted)	1 yr			↔ × 1 (1 yr)	
de Vries (2011)	MF (47%, 13±2) FIM (53%, 14±2) N = 70	Puberty suppression	2 ± 1 yr	↗ × 1	↔ × 1	↔ × 4	↗ × 3
		Cross-sex hormones + gender-affirming surgery	3 ± 1 yr	↗ × 1	↗ × 1		↗ × 1
Heylens (2014)	MF (81%, NR) FIM (19%, NR) N = 56	Cross-sex hormones + gender-affirming surgery	3 ± 1 yr	↗ × 1	↗ × 1		↗ × 1
Keo-Meier (2015)	FIM (27±9) N = 48	Cross-sex hormones	3 mo	↗ × 1	↔ × 1		
Lindqvist (2016)	MF (36 [19-76]) N = 146	Gender-affirming surgery	1 yr			↔ × 1 (1 yr)	
			3 yr			↔ × 1 (3 yr)	
			5 yr			↔ × 1 (5 yr)	
Manieri (2014)	MF (33±9) N = 56	Cross-sex hormones	1 yr				↗ × 1
		Cross-sex hormones	1 yr				↗ × 1
Mate-Kole (1990)	MF (33 [21-53]) N = 27	Genital reconstruction	2 yr	↗ × 1	↗ × 1		
		None (waitlisted)	2 yr	↘ × 1	↘ × 1		
Smith (2001)	MF (35%, 17 [15-19]) FIM (65%, 17 [15-19]) N = 20	Genital reconstruction + mastectomy (FTM)	1 (1-4) yr	↗ × 1	↗ × 1	↗ × 4	↔ × 2
		None (withdrawn, rejected, or no-show)	4 (1-7) yr	↔ × 1	↔ × 1	↗ × 2	↔ × 2
Udeze (2008)	MF (47±13) N = 40	Gender-affirming surgery	6 mo	↔ × 1	↔ × 1		↔ × 1
van de Grift (2016)	FIM (26 [18-59]) N = 33	Mastectomy	10 (6-16) mo			↗ × 2	↔ × 3
Weigert (2013)	FIM (42±13) N = 35	Augmentation mammoplasty	4 mo			↗ × 1 (4 mo)	↗ × 1 (4 mo)
			2 (1-3) yr			↗ × 1 (2 yr)	↗ × 1 (2 yr)

Fig 2-5. Outcomes over time by intervention

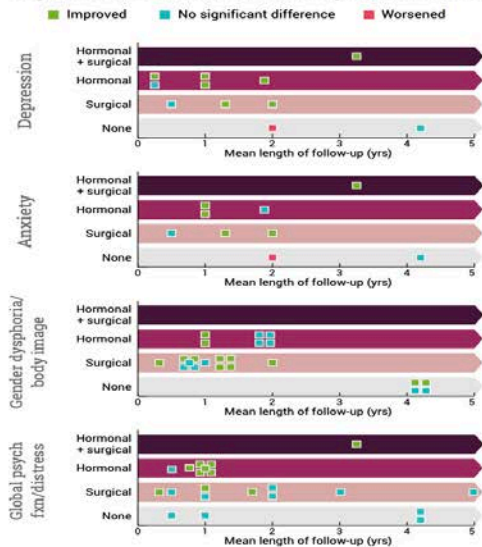
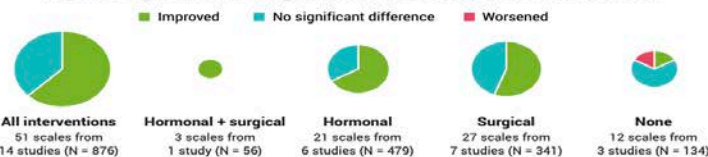


Fig 6. Proportion of improved scores across all outcomes



Conclusions

- Hormonal and surgical treatment is usually followed by improved depression, anxiety, gender dysphoria/body image, and global psychological measures over months to years
- No change/stability in psychometric scores after treatment is common
- No change or worsening is more likely to occur with no treatment than with treatment

How to not be a

Hello, my name is _____, my pronouns are _____.

What's your name and pronouns?

*What's your gender identity;
what sex were you assigned at birth?*

*Tell me about your yourself, your partner(s),
and what kind of sex you have or would like to have.*

Language Matters

Try	Instead of
Assigned female / Assigned male	Biological female / Biological male
Cisgender	Not trans / Normal / Real
Phenotypical development	Natural / Normal development
Common	Regular / Correct / Right
Hair loss	Male pattern balding
Sexual health screening / Internal exam / Cervical screening	Pelvic exam / Well woman exam
Looks healthy	Looks normal
Thinning of the internal genitalia tissue	Vaginal atrophy
Monthly bleeding	Period / Menses
Physical arousal / Hardening or stiffening of erectile tissue	Erection
External condom / Internal condom	Male condom / Female condom
Receptive IC / Insertive IC (IC = Intercourse)	Vaginal sex
Pregnant person	Pregnant woman
Parenthood	Motherhood / Fatherhood
Chestfeeding (for non-binary & transmasculine people)	Breastfeeding

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Try	Example	Instead of
Person with _____ People with _____ Anyone with _____	If a person with <u>a prostate</u> has urinary symptoms, they should speak with their doctor.	man with... males with... male-bodied people...



Acknowledging Gender and Sex

Encountering the Two Step Question

Staff Training

Menu Resources

- ▶ SECTION 0: COURSE WELCOME
- ▶ SECTION 1: THE NEED FOR CHANGE
- ▶ SECTION 2: TRANSGENDER HEALTH CARE
- ▼ SECTION 3: HEALTH CARE SCENARIOS
 - Encountering the Two Step Question**
 - Staff Responds to Patient's Question A
 - Staff Responds to Patient's Question B
 - Clinician Responds to Patient A
 - Clinician Responds to Patient B
 - Question 1
 - Question 2
- ▶ SECTION 4: SUMMARY



Making Mistakes

And correcting them



TRANS CARE BC

Provincial Health
Services Authority

If you make a mistake in your choice of **words**, **terms**, **names**, or **pronouns**:

1 Apologize briefly

2 Use the correct **word**,
term, **name**, or **pronoun**

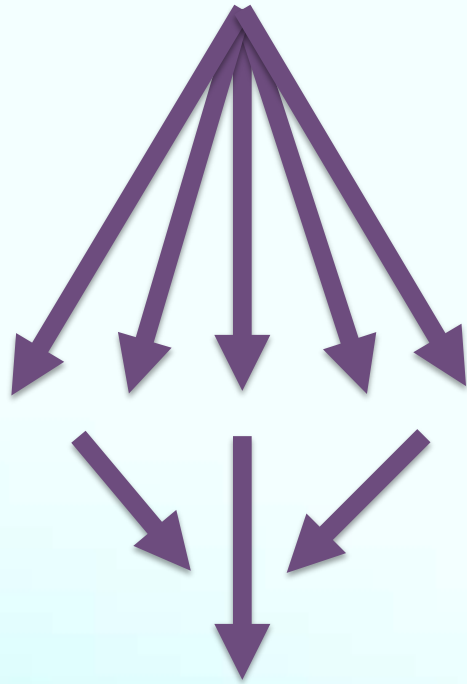
3 Move on





Trans Health:

HOW TO PRESCRIBE



Step 1

Registration:

Fill out the registration form and mail or drop it off at Klinik OR fill out the registration form at Klinik.

Step 2

Social Work Intake:

Your first appointment at Trans Health Klinik will be an intake appointment with a social worker.

Step 3

Medical Care Intake:

Your second appointment at Trans Health Klinik will be for Nurse and Medical Practitioner intake. Blood work will be done and you will review and complete a hormone consent form.

Step 4

Medical Care Visit:

Your third appointment Trans Health Klinik will be with a medical practitioner. Hormones are typically prescribed at this appointment.

Step 5

Follow-up Care:

You will have several follow-up appointments at Trans Health Klinik including mandatory lab work and optional social work or peer support.

Step 6

Transfer of Care:

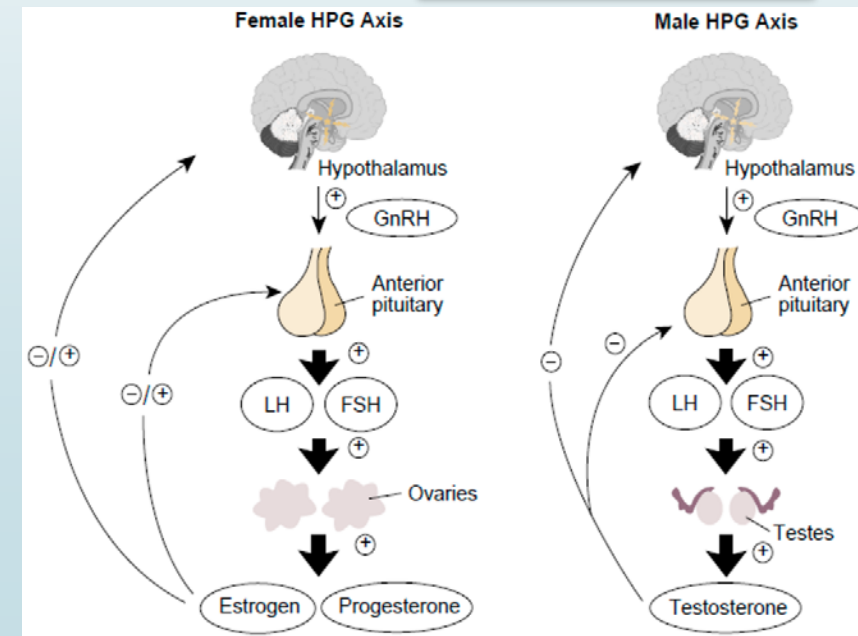
Once your medical transition goals are met, your care will be transferred to your primary care provider.



GnRH agonists (ie. Leuprolide)



- “Puberty blocker”
- q1mo or q3mo injection
- Stimulates LH and FSH secretion initially, but with chronic use leads to downregulation of GnRH receptors and decreased LH/FSH production resulting in hypogonadism and preventing puberty progression
- **Reversible** option to delay puberty in adolescents (usually Tanner stage 2-4) who experience worsening of gender dysphoria with puberty, or who need more time to explore their gender identity
- Generally follows a comprehensive multidisciplinary assessment (Child Psychiatry, Pediatric Endocrinology) with parental involvement



FORMULATIONS AND RECOMMENDED DOSES OF ANTI-ANDROGENS AND ESTROGEN

Formulations	Starting Dose	Usual Dose	Maximum Dose	Cost* (4 weeks)
Spironolactone (oral)	50 mg daily - BID	100 mg BID	150 mg bid ^a	\$15–\$41
Cyproterone (oral)	12.5 mg (1/4 50 mg tab) q2d - daily	12.5 mg (1/4 50 mg tab) – 25 mg (1/2 50 mg tab) daily	50 mg daily ^a	\$16–\$56
Estradiol (oral)*	1–2mg daily	4mg daily or 2mg bid	6 mg daily or 3 mg BID	\$18–\$54
Estradiol (transdermal, patch) ^{*b}	50 mcg daily/apply patch 2x/week	Variable ^c	200 mcg daily/apply patch 2x/week	\$39–\$76 ^d
Estradiol (transdermal, gel) ^{*e}	2.5 g daily (2 pumps, contains 150 mcg estradiol)	Variable ^c	6.25 g OD (5 pumps, contains 375 mcg estradiol), may be limited by surface area requirements for gel application	\$58–\$154
Estradiol valerate ^{**} Injectable (IM) ^f	3–4 mg q weekly or 6–8 mg q 2 weeks	Variable ^c	10mg q weekly	\$36–\$46

(Or 2-5mg IM/SC twice weekly)



E
+/- blocker
+/- P (1-2 years)

Contraindications

- Unstable ischemic cardiovascular disease
- Estrogen-dependent cancer
- End stage chronic liver disease
- Psychiatric conditions which limit the ability to provide informed consent
- Hypersensitivity to one of the components of the formulation

- **Estradot patches (no subs) = safest**
- **Injectable best for monotherapy**
- **Avoid ethinyl estradiol (eg. OCP)**
- **Once estrogen optimized, consider prometrium 100-200 qHS (consider stopping after 1-2 year)**



EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES

The degree and rate of physical effects are largely dependent on patient-specific factors such as age, genetics, body habitus and lifestyle, and to some extent the dose and route used (selected in accordance with a patient's specific goals and risk profile).⁸



FORMULATIONS AND RECOMMENDED DOSES OF TESTOSTERONE

T

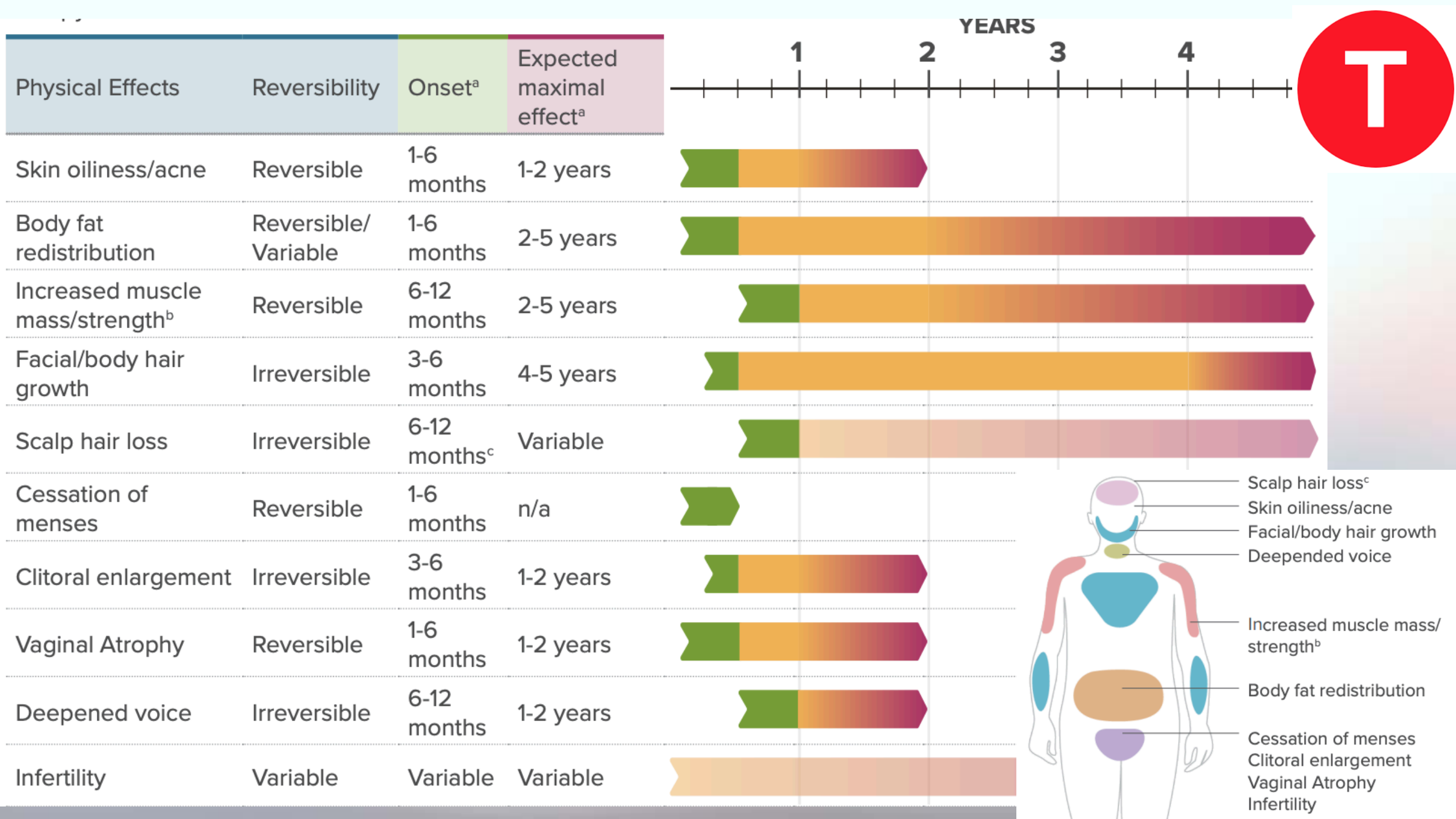


Formulations	Starting Dose	Maximum Dose	Cost per unit*	Approx. Cost* (4 weeks)
Testosterone enanthate (IM/SC) ^a	20–50 mg q weekly or 40–100 mg q 2 weeks	100 mg q weekly or 200 mg q 2 weeks	\$73.50 per 5mL vial (each vial contains 200 mg/mL x 5 mL = 1000 mg)	\$14–\$29 (covered by ODB with EAP request)
Testosterone cypionate (IM/SC) ^a			\$64 per 10 mL vial (each vial contains 100 mg/mL x 10 mL = 1000 mg)	\$13–\$26 (covered by ODB with EAP request)
✗ Testosterone path (transdermal) ^b	2.5–5 mg daily	5–10 mg daily	\$164 / 60 x 2.5 mg patches \$169 / 30 x 5 mg patches	\$76.50–\$315
Testosterone Gel 1% (transdermal)	2.5–5 g daily (2–4 pumps, equivalent to 25–50 mg testosterone)	5–10 g daily (4–8 pumps, equivalent to 50–100 mg testosterone)	\$67 / 30 x 2.5 g sachets \$110 / 30 x 5g sachets \$175 / 2 pump bottles ^c	Sachets: \$62–\$205 Bottles: \$81–\$327

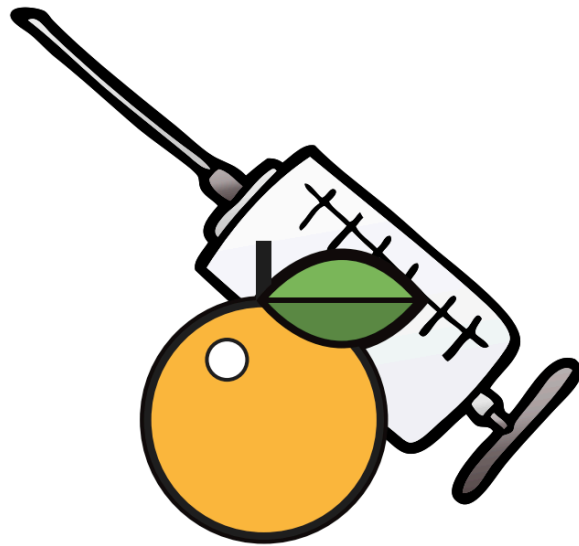
- **Weekly > q 2 weekly**
- **p.o. & other options (3 monthly IM T undecanoate)**
- **Finasteride 1.25 mg qd +/- minoxidil if hair loss**

Contraindications

- Pregnancy or breast feeding
- Active known sex-hormone-sensitive cancer (e.g., breast, endometrial)
- Unstable ischemic cardiovascular disease
- Poorly controlled psychosis or acute homicidality
- Psychiatric conditions which limit the ability to provide informed consent
- Hypersensitivity to one of the components of the formulation



**TRANS GENDER
HORMONE
INJECTION
GROUP
WORKBOOK**



TRANS HEALTH KLINIC

T Supplies:

- 1 or 3cc syringes
- Blunt fill needles (no filter) or 18G
- IM: 23G 1" needles
SC: 25G 5/8" needles
- Alcohol swabs, dressings, sharps bin





(Surgeries*)

—

Brow

Hair line advancement and/or hair transplant

Facelift/mid-face lift (following alteration of the underlying skeletal structures)

Facelift/mid-face lift (following alteration of the underlying skeletal structures)

Blepharoplasty

Rhinoplasty (+/- fillers)

Cheek

Lip

Lower jaw

Chin reshaping

Chondrolaryngoplasty

BREAST/CHEST SURGERY

Mastectomy

Liposuction

Breast reconstruction (augmentation)

GENITAL SURGERY

Phalloplasty (with/without scrotoplasty)

Metoidioplasty (with/without scrotoplasty)

Vaginoplasty (inversion, peritoneal, intestinal)

Vulvoplasty

GONADECTOMY

Orchiectomy

Hysterectomy and/or salpingo-oophorectomy

BODY CONTOURING

Liposuction

Lipofilling

Implants

Monsplasty/mons reduction

ADDITIONAL PROCEDURES

Hair removal: Hair removal from the face, body, and genital areas for gender affirmation or as part of a preoperative preparation process. (see Statement 15.14 regarding hair removal)

Tattoo (i.e., nipple-areola)

Uterine transplantation

Penile transplantation

- Brow reduction
- Brow augmentation
- Brow lift

• Platysmaplasty

• Lipofilling

- Implant
- Lipofilling
- Upper lip shortening
- Lip augmentation (includes autologous and non-autologous)
- Reduction of mandibular angle
- Augmentation
- Osteoplastic
- Alloplastic (implant-based)
- Vocal cord surgery (see voice chapter)

- Mastectomy with nipple-areola preservation/reconstruction as medically necessary for the specific patient
- Mastectomy without nipple-areola preservation/reconstruction determined medically necessary for the specific patient

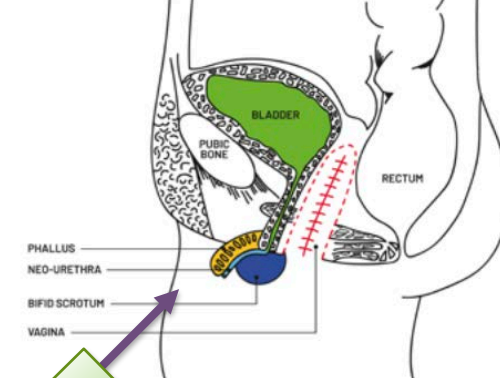
- Implant and/or tissue expander
- Autologous (includes flap-based and lipofilling)

- With/without urethral lengthening
- With/without prosthesis (penile and/or testicular)
- With/without colpectomy/colpocleisis
- With/without urethral lengthening
- With/without prosthesis (penile and/or testicular)
- With/without colpectomy/colpocleisis
- May include retention of penis and/or testicle
- May include procedures described as "flat front"

• Pectoral, hip, gluteal, calf

- Electrolysis
- Laser epilation

GRS Montreal



DESSIN ANATOMIE PRÉ-OPÉRATOIRE

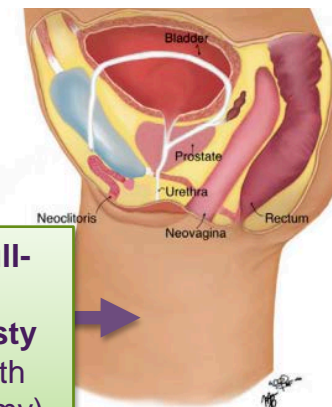
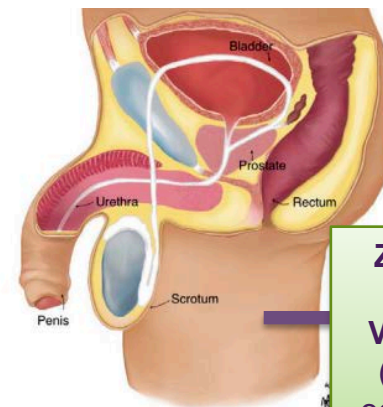
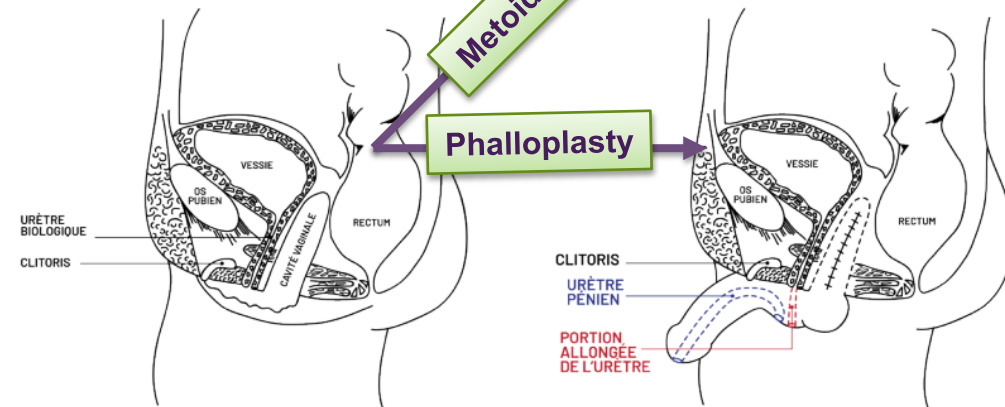
— 1^È ÉTAPE: PHALLOPLASTIE —

DESSIN EXEMPLE POST-PHALLOPLASTIE

— 1^È ÉTAPE —

Metoidioplasty

Phalloplasty



Zero or Full-Depth Vaginoplasty (without/with oophorectomy)



Trans Health:

HOW TO MONITOR

—

Monitoring



HORMONE MONITORING SUMMARY FOR TRANSFEMINE PATIENTS

In this table, smaller and lighter grey checkmarks indicate parameters that are measured under particular circumstances.
NB: Individual parameters should be considered more frequently if concerns identified or existing risk factors are present.

Non-hormone labs:

- **Hemoglobin/Hematocrit** - use female reference for lower limit of normal and male reference for upper limit of normal
- **Creatinine** - use male reference for upper limit of normal.

	Baseline	Month 3	Month 6	Month 12 ^e	Yearly	According to guidelines for cis patients, or provider discretion
Exam/ Investigations	Focused Physical Exam. Include: height, weight, BP, +/- breast inspection/ measurement(s)*	BP, weight, +/- breast inspection/ measurement(s) at 12 months*			See Preventive care checklist for transfeminine patients and Accompanying Explanations in the full Guidelines.	
BLOODWORK						
CBC ^a	✓	✓	✓	✓	✓	
ALT ^b	✓	✓	✓	✓	✓	✓
Creatinine/Lytes ^c	✓	✓	✓	✓	✓	
HbA1c or Fasting Glucose	✓			✓		✓
Lipid profile	✓			✓		✓
Total Testosterone	✓	✓	✓	✓	✓	
Estradiol	✓	✓	✓	✓	✓	
Prolactin ^d	✓			✓	✓	✓
Other	Hep B and C Consider: HIV, syphilis, and other STI screening as indicated, frequency depending on risk					

HORMONE MONITORING SUMMARY FOR TRANSMASCULINE PATIENTS

In this table, smaller and lighter grey checkmarks indicate parameters that are measured under particular circumstances.

Non-hormone labs:

Male reference ranges should be used for Hb/Hct (lower limit of female range can be used if menstruating).

	Baseline	Month 3	Month 6	Month 12 ^{b,c}	Yearly	According to guidelines for cis patients, or provider discretion
Exam/ Investigations	Focused Physical Exam with PAP if indicated. Include: height, weight, BP.	BP, weight			See <i>Preventive Care Checklist for Transmasculine Patients</i> and accompanying explanations in the <i>Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients</i> .	
BLOODWORK						
CBC	✓	✓	✓	✓	✓	
ALT	✓			✓ ^c		✓
HbA1c or Fasting Glucose	✓			✓ ^c		✓
Lipid profile	✓			✓ ^c		✓
Total Testosterone	✓	✓	✓	✓	✓	
LH ^a	✓			✓	✓	

Labs Targets*



- Estradiol target:
eg. **200-740 pmol/L***
(less if postmenopausal)
suppressed T <2 nmol/L

-phenotype may vary



- Midpoint Testosterone target
eg. **10-25 nmol/L**
(or cessation of menses)

-phenotype may vary

‘Comorbidities’

- Major depression
- Anxiety disorders
- Self-harm
- Suicidal ideation
- Dissociative disorders
- Autism spectrum disorder
- Substance use disorders
- Eating disorders
- HIV
- Lower SES
- Asthma
- Diabetes
- COPD
- Higher health service use

Effectiveness Targets

Gender satisfaction?

Mental & social health satisfaction?

Sexual health satisfaction?

Pregnancy possibilities?
Smoking?



Trans Health:

HOW TO SCREEN

Screening

(Think Logically!)



Cardiovascular risk

Testosterone calculator, u were started

	<64 YEARS	>65 YEARS
BS / INVESTIGATIONS	<input type="checkbox"/> Mammography (q2 yrs age 50-74 if no chest reconstruction)	<input type="checkbox"/> Mammography (q2 yrs age 50-74 if no chest reconstruction)
	<input type="checkbox"/> Cervical cytology (q3 yrs if ever sexually active and 21-69 yrs)	<input type="checkbox"/> Cervical cytology (q3 yrs if ever sexually active and up to 69 yrs)
	<input type="checkbox"/> Fecal immunochemical test (FIT) (age 50-64 q2 yrs) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Fecal immunochemical test (FIT) (up to 74 yrs q2 yrs) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy
	<input type="checkbox"/> GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)	<input type="checkbox"/> GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)

increase cardio started early in life, t

	<64 YEARS	>65 YEARS
LABS / INVESTIGATIONS	<input type="checkbox"/> Mammogram (estrogen ≥5 years total and avg risk: age 50-64 q2 yrs)	<input type="checkbox"/> Mammogram (estrogen ≥5 years total and avg risk: age 65-74 q2 yrs)
	<input type="checkbox"/> Fecal immunochemical test (FIT) (age 50-64 q2 yrs) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Fecal immunochemical test (FIT) (up to 74 yr) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy
	<input type="checkbox"/> GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)	<input type="checkbox"/> GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)
	<input type="checkbox"/> Bone Mineral Density if at risk	<input type="checkbox"/> Bone Mineral Density
		<input type="checkbox"/> Audioscope (if inquire/whispered voice test)

Chest/Breast cancer

If Th ur

	MENTAL HEALTH	EDUCATION/COUNSELLING
MONTHS ON	Screen for: Depression: <input type="radio"/> Positive <input type="radio"/> Negative Suicidal Ideation: <input type="radio"/> Positive <input type="radio"/> Negative Self-harm: <input type="radio"/> Positive <input type="radio"/> Negative Anxiety: <input type="radio"/> Positive <input type="radio"/> Negative Persistent Gender Dysphoria: <input type="radio"/> Positive <input type="radio"/> Negative Experiences/Impacts: _____	Behavioural <input type="checkbox"/> adverse nutritional habits <input type="checkbox"/> dietary advice on fat/cholesterol <input type="checkbox"/> adequate calcium intake (1200 mg daily diet + supp) <input type="checkbox"/> adequate vitamin D (1000 IU daily) <input type="checkbox"/> hormone adherence <input type="checkbox"/> regular, moderate physical activity <input type="checkbox"/> avoid sun exposure, use protective clothing

per BC C chest cor physical

	MENTAL HEALTH	EDUCATION/COUNSELLING
MONTHS ON	Screen for: Depression: <input type="radio"/> Positive <input type="radio"/> Negative Suicidal Ideation: <input type="radio"/> Positive <input type="radio"/> Negative Self-harm: <input type="radio"/> Positive <input type="radio"/> Negative Anxiety: <input type="radio"/> Positive <input type="radio"/> Negative Persistent Gender Dysphoria: <input type="radio"/> Positive <input type="radio"/> Negative Experiences/Impacts of Transphobia: <input type="radio"/> Positive <input type="radio"/> Negative	Behavioural <input type="checkbox"/> adverse nutritional habits <input type="checkbox"/> dietary advice on fat/cholesterol <input type="checkbox"/> adequate calcium intake (1200 mg daily diet + supp) <input type="checkbox"/> adequate vitamin D (1000 IU daily) <input type="checkbox"/> hormone adherence <input type="checkbox"/> regular, moderate physical activity <input type="checkbox"/> avoid sun exposure, use protective clothing <input type="checkbox"/> safe sex practices/STI counselling/PtP indications

preventive care checklist for transmasculine patients

For annual health assessments of transmasculine patients, applying to patients who were assigned female at birth and have a gender identity that is male or on the masculine spectrum, who may or may not have accessed hormonal and/or surgical treatments for gender dysphoria/gender incongruence.

Prepared by: Dr. A. Bourns - Adapted from the Preventive Care Checklist Form © 2016 (see Ridley, J, Ischayek, A., Dubey, V., Iglar, K., Adult Health Checkup: Update on the Preventive Care Checklist Form; Canadian Family Physician, 2016 Apr; 62:307-313)

Please note: **Bold** = transgender-specific considerations, see Explanation Sheet for detailed recommendations. Unbolded items should be followed according to the most recent update to the original Preventive Care Checklist.

IDENTIFYING DATA:
Name: _____
Tel: _____
DOB: _____
Age: _____
Date of Examination: _____

MEDICAL TRANSITION HISTORY:
Testosterone: Yes No
If Yes, Start Date: _____
Chest Reconstruction: Yes No
TAH: Yes No
BSO: Yes No

Genital Reconstruction
Clitoral Release: Yes No
Meta: Yes No
Phallo: Yes No

CURRENT CONCERNS

LIFESTYLE/HABITS/PSYCHOSOCIAL:
Diet: _____
Fat/Cholesterol: _____
Fibre: _____
Calcium: _____
Sodium: _____
Exercise: _____
Work/Education: _____
Poverty: _____
Social supports: _____
Family: _____
Relationships: _____
Sexual History: _____
Family Planning/Contraception: _____
Name change/identification: _____
Sleep: _____
Smoking: _____
Alcohol: _____
Drugs: _____

Safe Guidelines s10/week, s2/day

preventive care checklist for transfeminine patients

For annual health assessments of transfeminine patients, applying to patients who were assigned male at birth and have a gender identity that is female or on the feminine spectrum, who may or may not have accessed hormonal and/or surgical treatments for gender dysphoria/gender incongruence.

Prepared by: Dr. A. Bourns - Adapted from the Preventive Care Checklist Form © 2016 (see Ridley, J, Ischayek, A., Dubey, V., Iglar, K., Adult Health Checkup: Update on the Preventive Care Checklist Form; Canadian Family Physician, 2016 Apr; 62:307-313)

Please note: **Bold** = transgender-specific considerations, see Explanation Sheet for detailed recommendations. Unbolded items should be followed according to the most recent update to the original Preventive Care Checklist.

IDENTIFYING DATA:
Name: _____
Tel: _____
DOB: _____
Age: _____
Date of Examination: _____

MEDICAL TRANSITION HISTORY:
Androgen Blocker: Spironolactone Cyproterone N/A
Estrogen: Yes No
If Yes, Start Date: _____
Orchiectomy: Yes No
Vaginoplasty: Yes No
Breast Aug: Yes No

CURRENT CONCERNS

LIFESTYLE/HABITS/PSYCHOSOCIAL:
Diet: _____
Fat/Cholesterol: _____
Fibre: _____
Calcium: _____
Sodium: _____
Exercise: _____
Work/Education: _____
Poverty: _____
Social supports: _____
Family: _____
Relationships: _____
Sexual History: _____
Family Planning/Contraception: _____
Name change/identification: _____
Sleep: _____
Smoking: _____
Alcohol: _____
Drugs: _____

Safe Guidelines s10/week, s2/day

Cervical cancer

Sexual health

Osteoporosis

Colon cancer



Health Promotion

Vaccines (HAV, HBV, HPV, MPox, MenACWY, MenB...)

PrEP (nb trans women) / Doxy PEP

STI testing *use it, swab it

Weight  

Tobacco

Affirmation (beyond hormones)

✓ **Removal of laws that restrict gender affirming care**

✓ Name + gender marker change

- Lab req (ALIAS: JANE DOE [SHE/THEY])

✓ Bathrooms

✓ Makeup/hair, clothing, jewelry

✓ Chest binding, packing, other gear

✓ SLP - YouTube

✓ Filler, neurotoxins/Botox

✓ Support + family groups

✓ Antibullying policies + enforcement

✓ Pride + celebration 

Resources



Rainbow Health Ontario Point of Care Guide



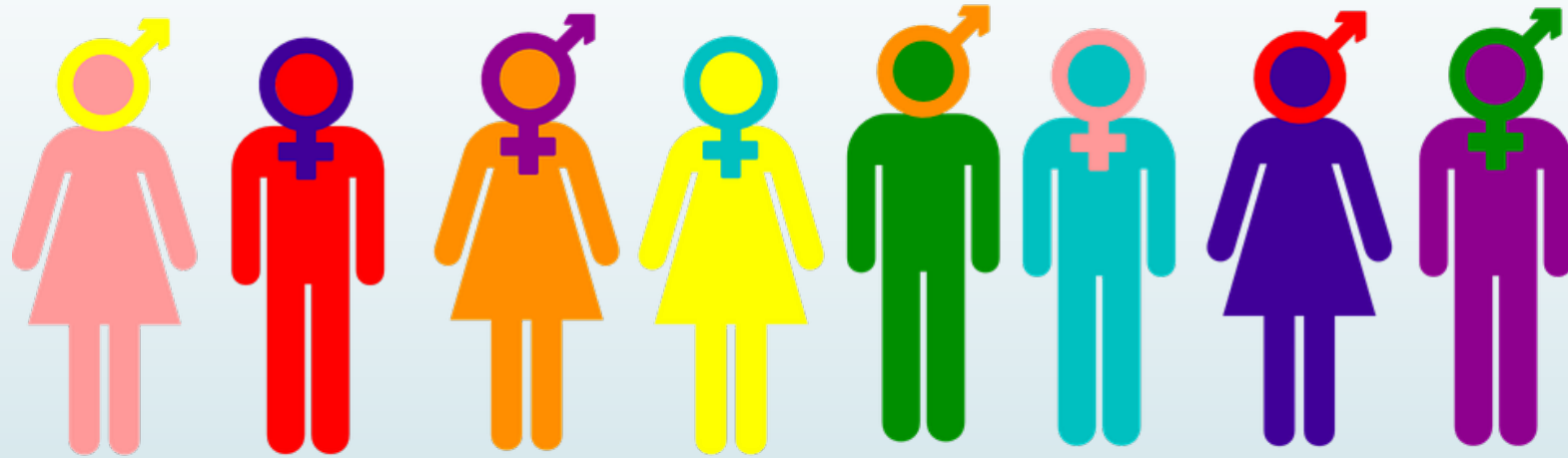
Trans Care BC Primary Care Toolkit



WPATH Standards of Care 8

Trans care is primary care.





Questions?