

# 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**

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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 (StatsCan, 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.

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JOURNAL  
AND CLIN  
www.men

ARTICLE

Gender Incon

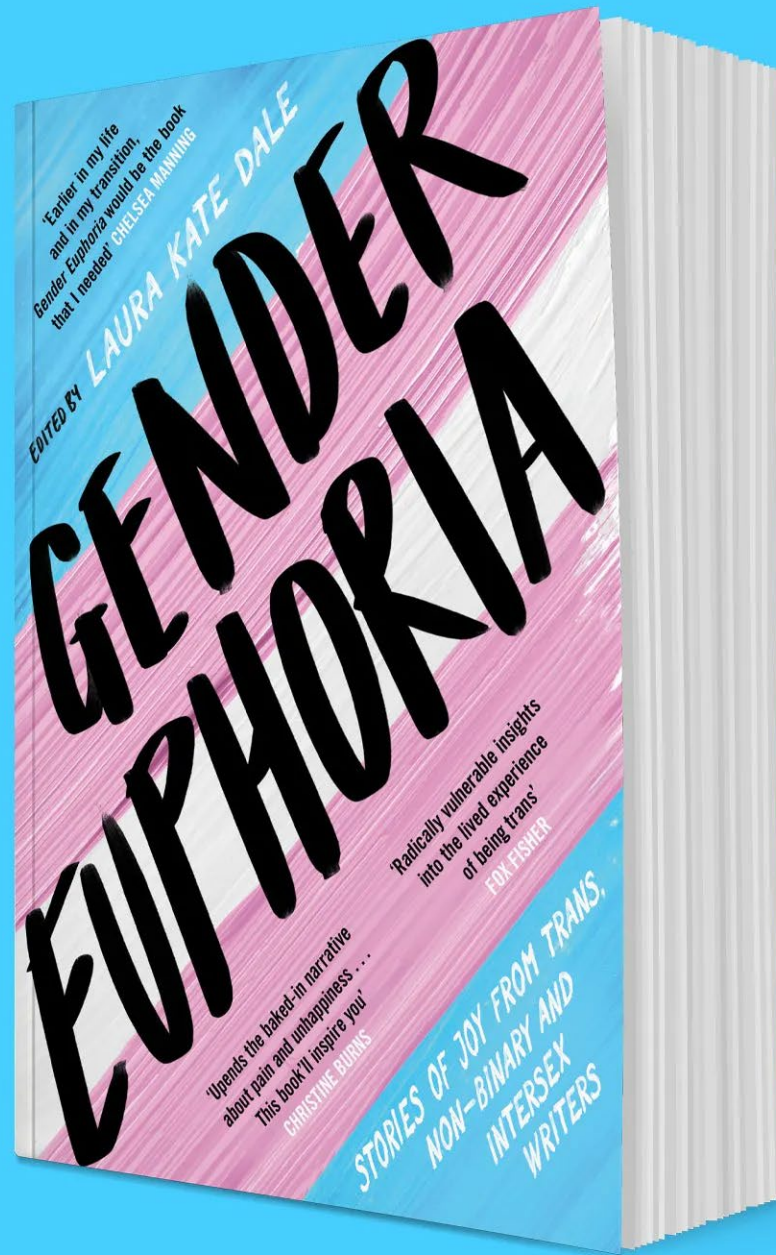
M. Fernández

<sup>1</sup>Mental Health  
Asturias, Spain

<sup>2</sup>Gender Identit

<sup>3</sup>Master of Gen

<sup>4</sup>Intern Resider



'Earlier in my life  
and in my transition,  
Gender Euphoria would be the book  
that I needed' **DIANESEA MANNING**

EDITED BY **LAURA KATE DALE**

# GENDER EUPHORIA

'Opens the baked-in narrative  
about pain and unhappiness ...  
This book'll inspire you'  
**CHRISTINE BURNS**

'Radically vulnerable insights  
into the lived experience  
of being trans'  
**EDMUND FISHER**

STORIES OF JOY FROM TRANS,  
NON-BINARY AND  
INTERSEX  
WRITERS

9)

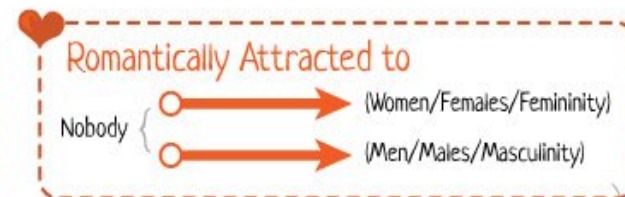
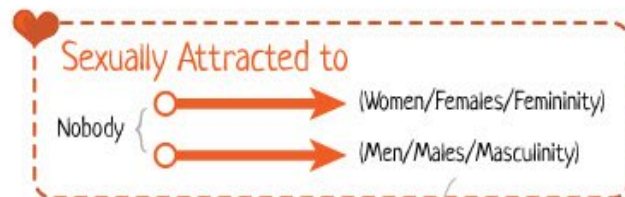
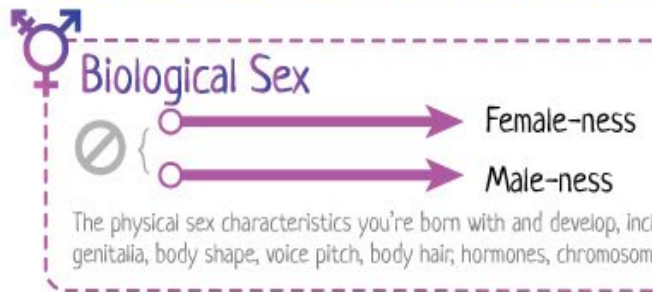
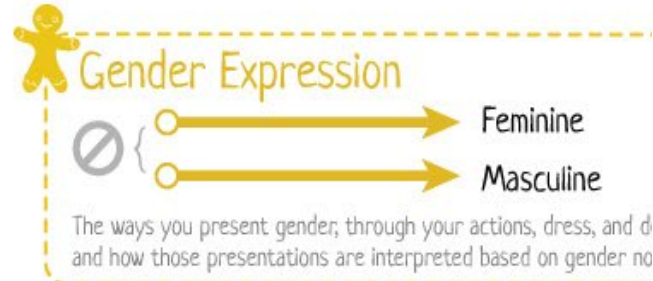
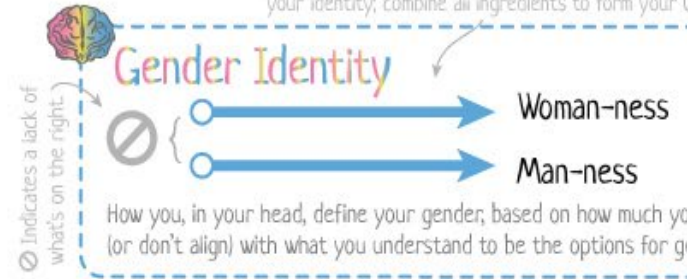
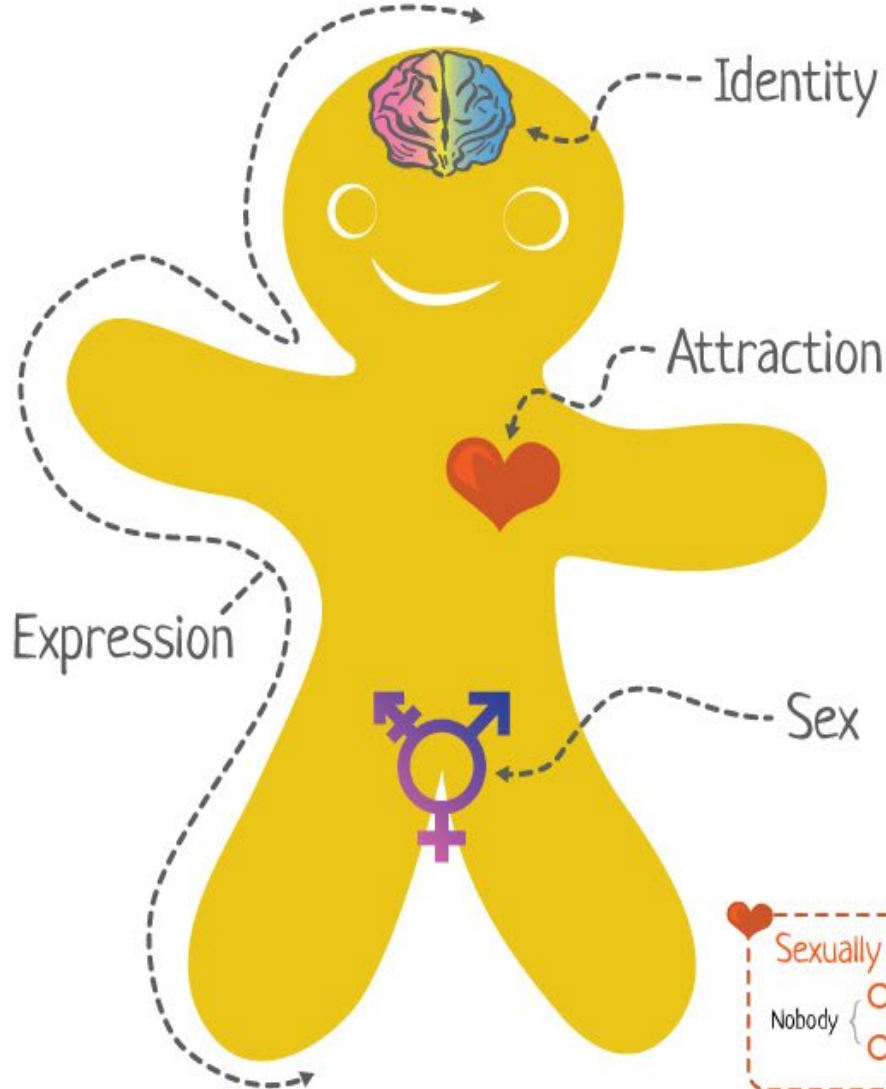
# The Genderbread Person v3.3

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 **METRO**sexual.com

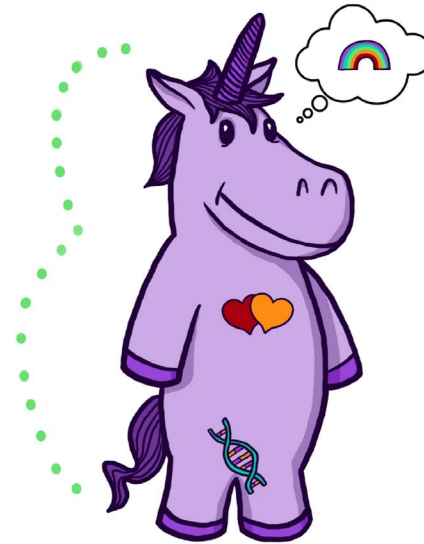
Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos



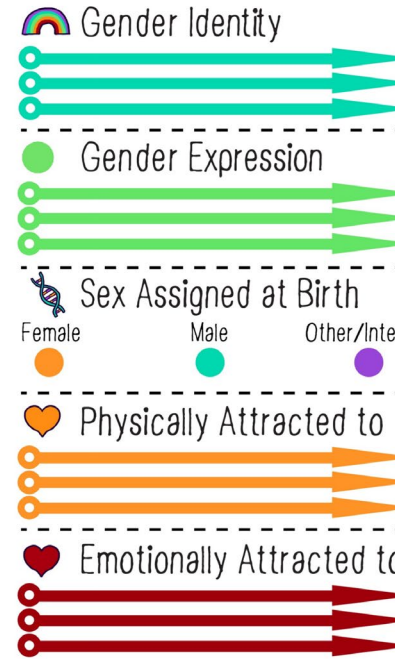
In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction

# The Gender Unicorn



To learn more, go to: [www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore





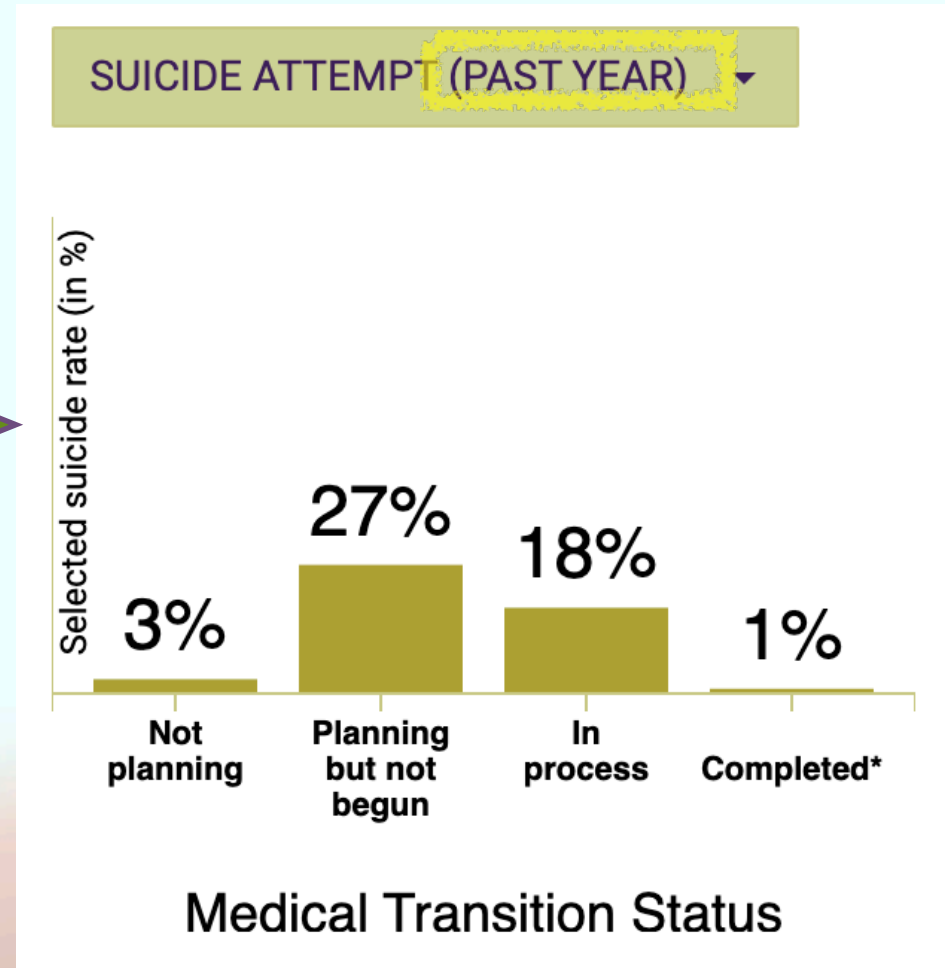
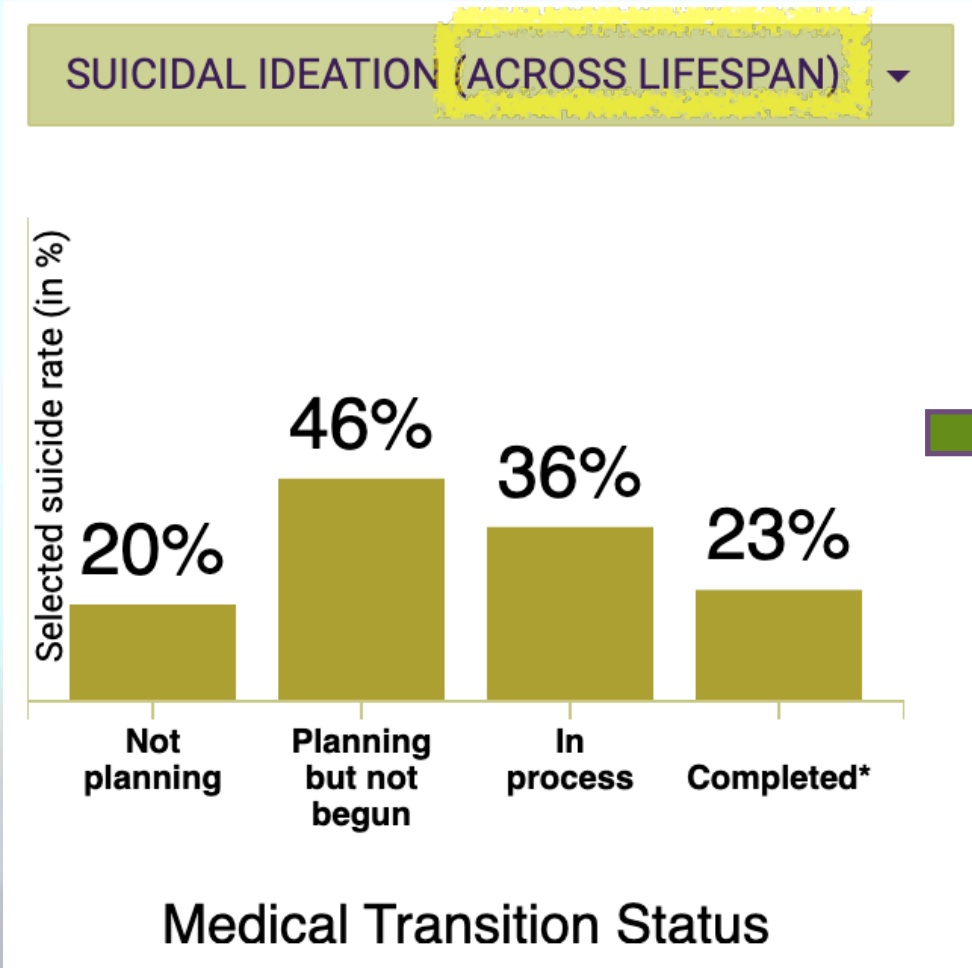
**Trans Health:**

**HOW TO SUPPORT (and why)**

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# Gender Affirming Care is Life Preserving Care

Trans PULSE Study (Ontario)



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,<sup>1</sup> Ronald Leung, BHSc,<sup>2</sup> Reha Kumar, BHSc<sup>1</sup>

## Results

Fig 1. PRISMA flow diagram

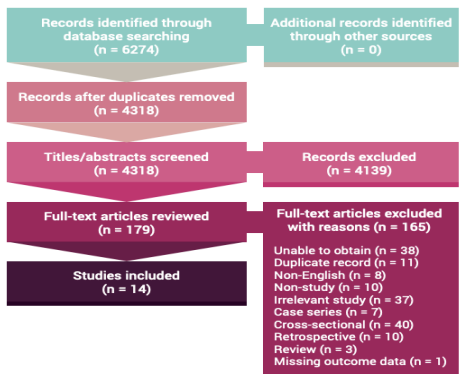


Table 1. Studies included in the review

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 fxn/distress
Cardoso da Silva (2016)	MIF (31±10) N = 47	Genital reconstruction	≥ 1 yr			↔ × 1	↗ × 1
Colizzi (2013)	MIF (64%, 29±10) FIM (36%, 27±8) N = 70	Cross-sex hormones	1 yr			↗ × 1	
Colizzi (2014)	MIF (73%, 29±7) FIM (27%, 29±8) N = 107	Cross-sex hormones	1 yr	↗ × 2	↗ × 2		↗ × 1
Costa (2015)	MIF (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)	MIF (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)	MIF (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)	MIF (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)	MIF (33±9) N = 56 FIM (30±8) N = 27	Cross-sex hormones	1 yr			↗ × 1	
		Cross-sex hormones	1 yr			↗ × 1	
Mate-Kole (1990)	MIF (33 [21-53]) N = 20	Genital reconstruction	2 yr	↗ × 1	↗ × 1		
		None (waitlisted)	2 yr	↘ × 1	↘ × 1		
Smith (2001)	MIF (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)	MIF (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 6. Proportion of improved scores across all outcomes

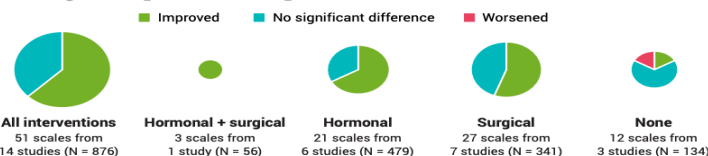
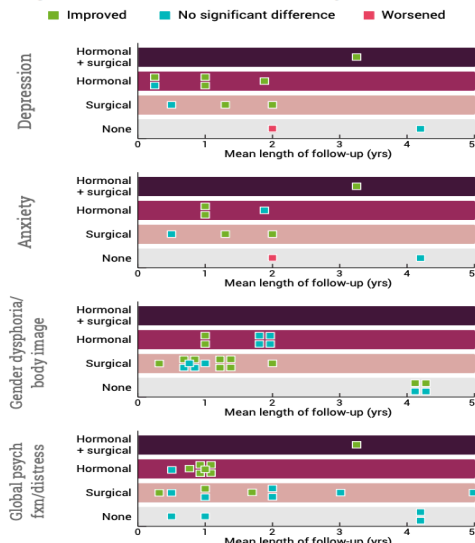


Fig 2-5. Outcomes over time by intervention



## 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 want 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

Try	Example	Instead of
Person with _____ People with _____ Anyone with _____	If a <b>person with</b> a prostate 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

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**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

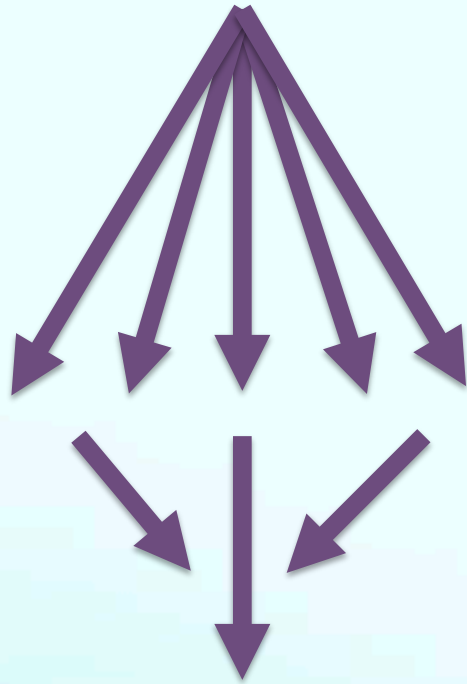




**Trans Health:**

**HOW TO PRESCRIBE**

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## 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

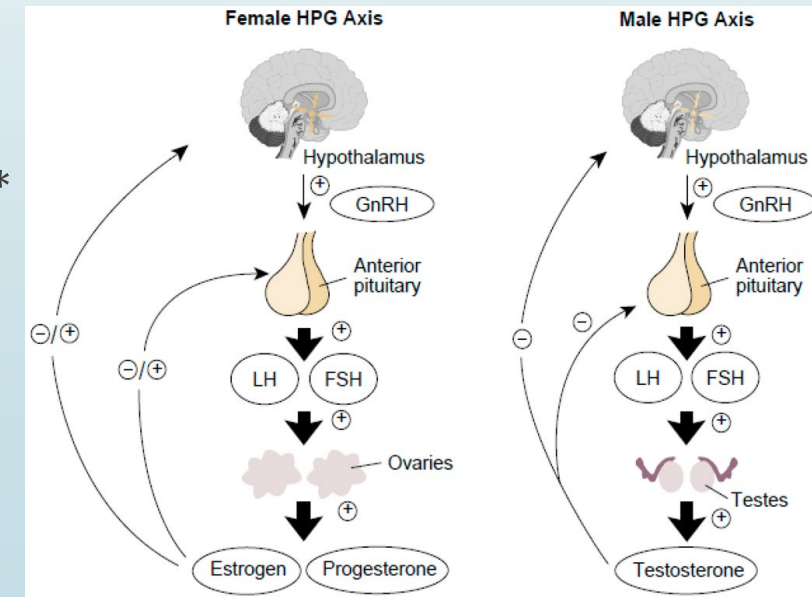
### Transfer of Care:

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



# GnRH agonists (ie. Lupron)

- Temporary I.M. “Puberty blocker”
- q1m or q3m injection (\$425 / \$1150 each)
- Initially stimulates LH and FSH secretion, then downregulates GnRH
  - Decreased LH/FSH = pausing puberty progression
- May be given Tanner stages 2-4 who experience worsening dysphoria with puberty
- \*Risk of osteoporosis (\*Ca<sup>2+</sup>/Vit D)
- AFAB: may trigger spotting, hot flashes
- AMAB: inhibits spermatogenesis, may affect vaginoplasty\*
- Multidisciplinary assessment and guardian involvement recommended
- Plan to either start gender affirming hormones or stop



## 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 <sup>a</sup>	\$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 <sup>a</sup>	\$16–\$56
Estradiol (oral)*	1–2mg daily	4mg daily or 2mg bid	6 mg daily or 3 mg BID	\$18–\$54
Estradiol (transdermal, patch)* <sup>b</sup>	50 mcg daily/apply patch 2x/week	Variable <sup>c</sup>	200 mcg daily/apply patch 2x/week	\$39–\$76 <sup>d</sup>
Estradiol (transdermal, gel)* <sup>e</sup>	2.5 g daily (2 pumps, contains 150 mcg estradiol)	Variable <sup>c</sup>	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) <sup>f</sup>	3–4 mg q weekly or 6–8 mg q 2 weeks	Variable <sup>c</sup> (Or 2-5mg IM/SC twice weekly)	10mg q weekly	\$36–\$46



**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

- **Estradiol p.o. = cheapest** (SL BID can be considered)
- **Estradot patches = safest** (No subs. brand name >> generic)
- **Avoid ethinyl estradiol (eg. OCP)**
- **Injectable best for monotherapy**
- **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).<sup>8</sup>



# FORMULATIONS AND RECOMMENDED DOSES OF TESTOSTERONE

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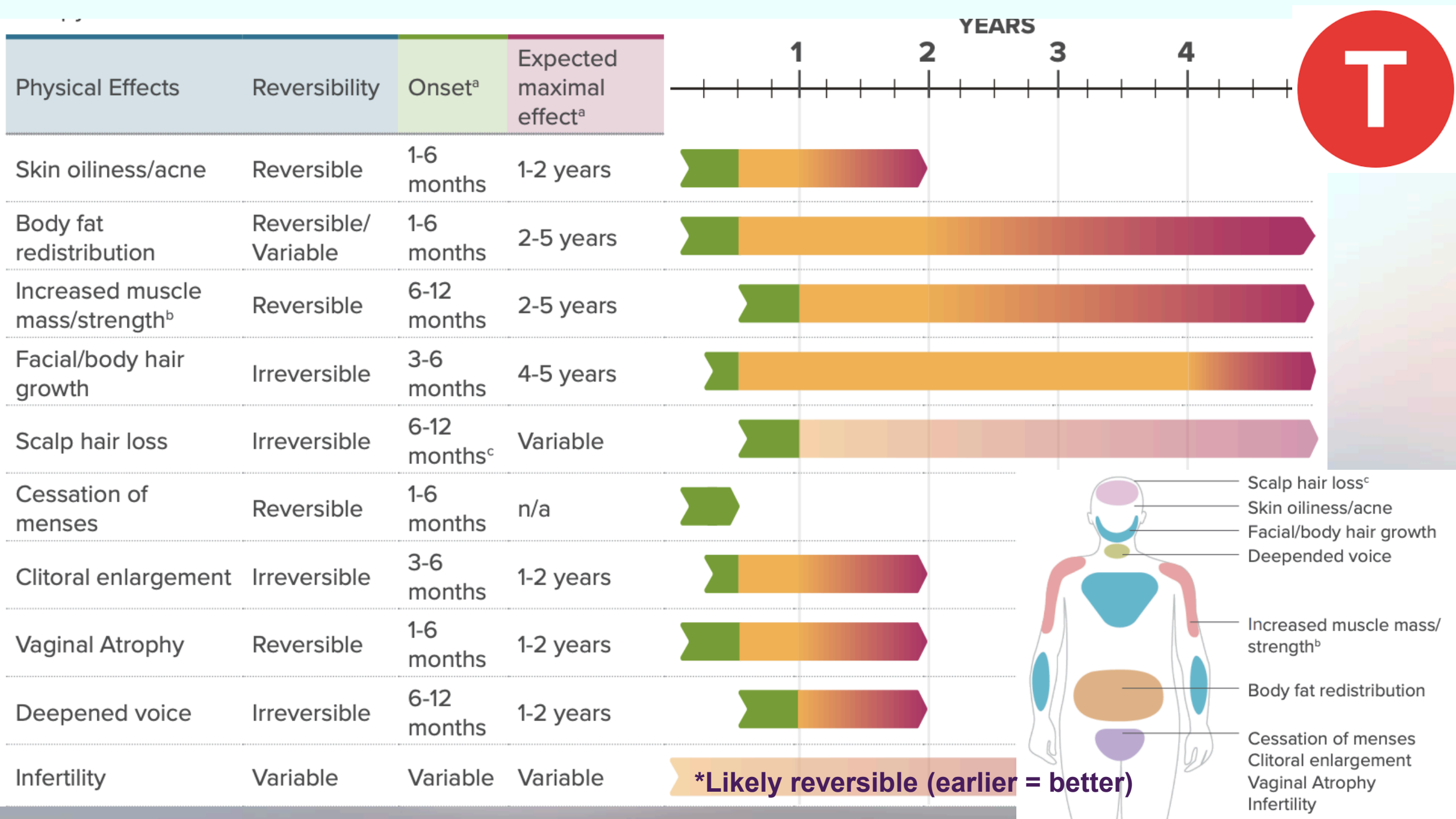


Formulations	Starting Dose	Maximum Dose	Cost per unit*	Approx. Cost* (4 weeks)
Testosterone enanthate (IM/SC) <sup>a</sup>	20–50 mg q weekly or 40–100 mg q 2 weeks	100 mg q weekly or 200 mg q 2 weeks	\$73.50 per 5mL vial (each vial contains 200 mg/mL x 5 mL = 1000 mg)	\$14–\$29 (covered by ODB with EAP request)
✓ Testosterone cypionate (IM/SC) <sup>a</sup>			\$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) <sup>b</sup>	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 <sup>c</sup>	Sachets: \$62–\$205 Bottles: \$81–\$327

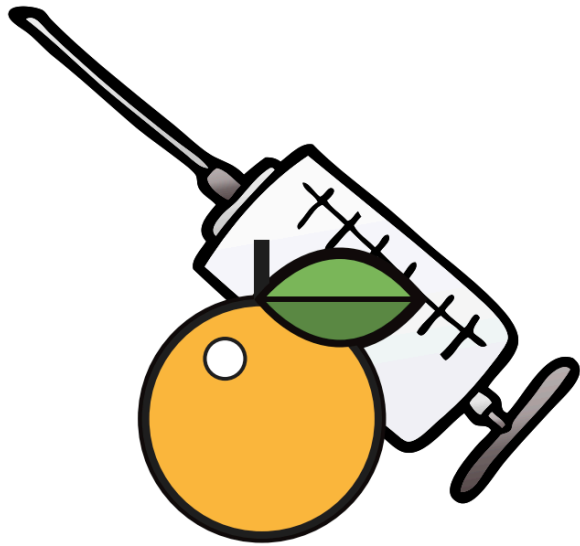
- Weekly > q 2 weekly
- p.o. & other options (3 monthly IM T undecanoate)
- Finasteride 1.25 mg qd +/- minoxidil if hair loss
- Any contraception if active

## 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**

**Supplies:**

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





**(Surgeries\*)**

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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)

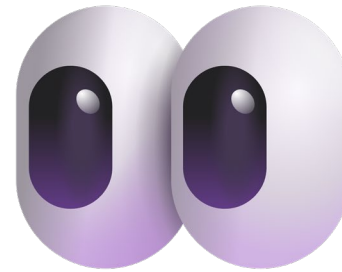
- Mastectomy with nipple-areola preservation/reconstruction as medically necessary for the specific patient
- Mastectomy without nipple-areola preservation/reconstruction determined medically necessary for the specific patient

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

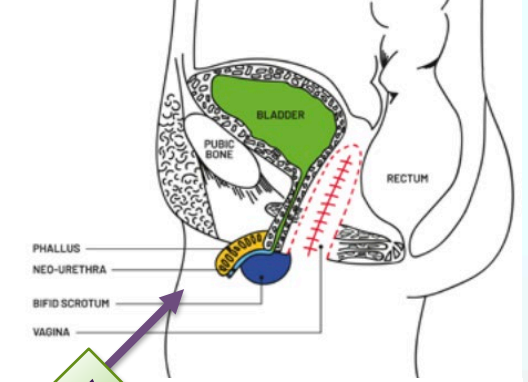
- With/without urethral lengthening
- With/without prosthesis (penile and/or testicular)
- With/without colpectomy/colpocleisis
- With/without urethral lengthening
- With/without prosthesis (penile and/or testicular)
- With/without colpectomy/colpocleisis
- May include retention of penis and/or testicle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

• Pectoral, hip, gluteal, calf

- Electrolysis
- Laser epilation

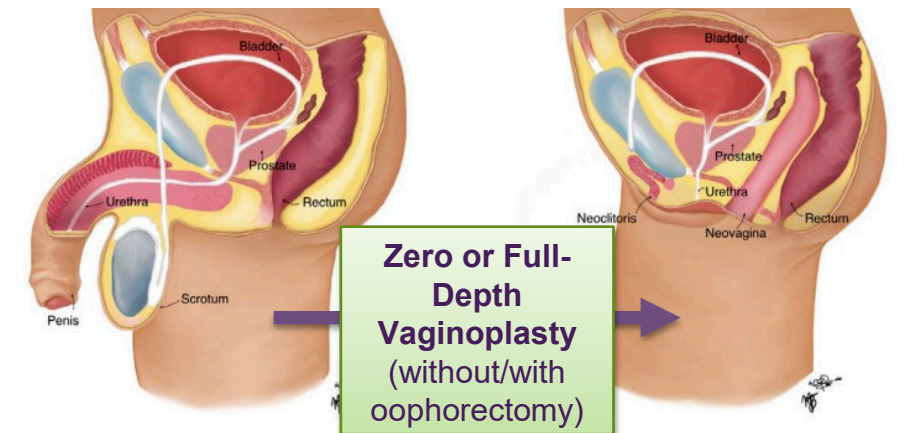
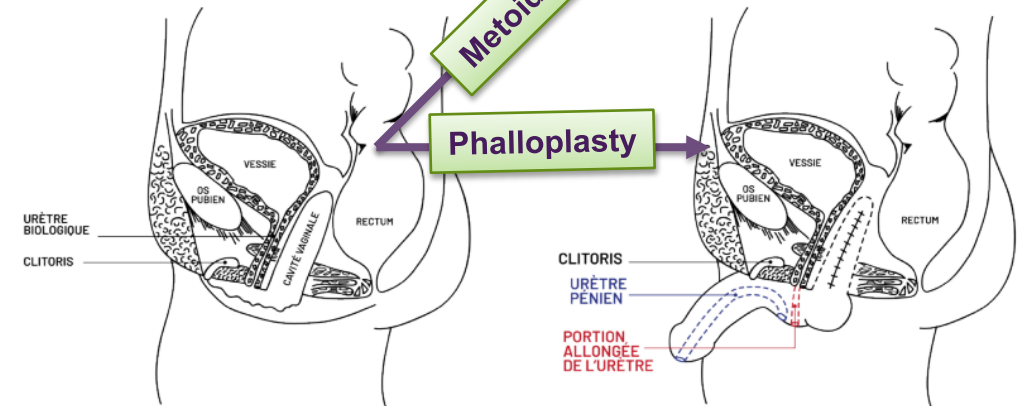


GRS Montreal



DESSIN ANATOMIE PRÉ-OPÉRATOIRE  
- 1<sup>ÈRE</sup> ÉTAPE: PHALLOPLASTIE -

DESSIN EXEMPLE POST-PHALLOPLASTIE  
- 1<sup>ÈRE</sup> ÉTAPE -



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



**Trans Health:**

**HOW TO MONITOR**

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# 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 <sup>e</sup>	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.		
<b>BLOODWORK</b>						
CBC <sup>a</sup>	✓	✓	✓	✓	✓	
ALT <sup>b</sup>	✓	✓	✓	✓	✓	✓
Creatinine/Lytes <sup>c</sup>	✓	✓	✓	✓	✓	
HbA1c or Fasting Glucose	✓			✓		✓
Lipid profile	✓			✓		✓
Total Testosterone	✓	✓	✓	✓	✓	
Estradiol	✓	✓	✓	✓	✓	
Prolactin <sup>d</sup>	✓			✓	✓	✓
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 <sup>b,c</sup>	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> .		
<b>BLOODWORK</b>						
CBC	✓	✓	✓	✓	✓	
ALT	✓			✓ <sup>c</sup>		✓
HbA1c or Fasting Glucose	✓			✓ <sup>c</sup>		✓
Lipid profile	✓			✓ <sup>c</sup>		✓
Total Testosterone	✓	✓	✓	✓	✓	
LH <sup>a</sup>	✓			✓	✓	

# Labs Targets\*



- Estradiol target:  
eg. 200-740 pmol/L\*  
(less if postmenopausal)
- $T < 2$  nmol/L = suppressed  
(1-2 may be ideal for libido/mood)
- Progesterone not monitored

\*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, under-employment
- Asthma
- Diabetes
- COPD
- Higher health service use

# Effectiveness Targets

Gender satisfaction?

Mental & social health satisfaction?

Sexual satisfaction?

Pregnancy possibilities?  
Smoking?

The background features a vibrant, abstract design with overlapping organic shapes in shades of pink, magenta, and orange. The shapes are soft-edged and layered, creating a sense of depth and movement. The overall color palette is warm and energetic.

**Trans Health:**

**HOW TO SCREEN**

---

# Screening

# (Think Logically!)



## Cardiovascular risk

Testosterone calculator, u were started

≤64 YEARS	≥65 YEARS
<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"/> Fecal immunochemical test (FIT) (age 50-64 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"/> Mammography (q2 yrs age 50-74 if no chest reconstruction) <input type="checkbox"/> Cervical cytology (q3 yrs if ever sexually active and up to 69 yrs) <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)

## Chest/Breast cancer

If Th ur

**MENTAL HEALTH**  
Screen for:

Depression  Positive  Negative

Suicidal Ideation  Positive  Negative

Self-harm  Positive  Negative

Anxiety  Positive  Negative

Persistent Gender Dysphoria  Positive  Negative

Experiences/Impacts

**EDUCATION/COUNSELLING**

**Behavioural**

adverse nutritional habits

dietary advice on fat/cholesterol

adequate calcium intake (1200 mg daily diet + supp)

adequate vitamin D (1000 IU daily)

hormone adherence

regular, moderate physical activity

avoid sun exposure, use protective clothing

## 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: \_\_\_\_\_

Fiber: \_\_\_\_\_

**Calcium** \_\_\_\_\_

Sodium: \_\_\_\_\_

Exercise: \_\_\_\_\_

Work/Education: \_\_\_\_\_

Poverty: \_\_\_\_\_

**Social supports:**

Family: \_\_\_\_\_

Relationships: \_\_\_\_\_

**Sexual History:** \_\_\_\_\_

**Family Planning/Contraception:** \_\_\_\_\_

**Name change/identification:** \_\_\_\_\_

Sleep: \_\_\_\_\_

Smoking: \_\_\_\_\_

**Alcohol:** \_\_\_\_\_

Drugs: \_\_\_\_\_

*Safe Guidelines ≤10/week, ≤2/day*

## Cervical cancer

## Sexual health

## Osteoporosis

## Colon cancer

increase cardio started early in life,

per BC C chest cor physical

## preventative 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: \_\_\_\_\_

Fiber: \_\_\_\_\_

**Calcium** \_\_\_\_\_

Sodium: \_\_\_\_\_

Exercise: \_\_\_\_\_

Work/Education: \_\_\_\_\_

Poverty: \_\_\_\_\_

**Social supports:**

Family: \_\_\_\_\_

Relationships: \_\_\_\_\_

**Sexual History:** \_\_\_\_\_

**Family Planning/Contraception:** \_\_\_\_\_

**Name change/identification:** \_\_\_\_\_

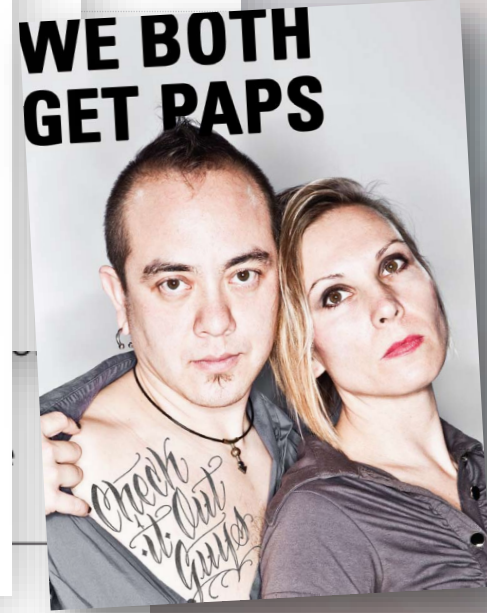
Sleep: \_\_\_\_\_

Smoking: \_\_\_\_\_

**Alcohol:** \_\_\_\_\_

Drugs: \_\_\_\_\_

*Safe Guidelines ≤10/week, ≤2/day*



# Health Promotion

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

PrEP (nb trans women! Also less effective in vagina)  
+ 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



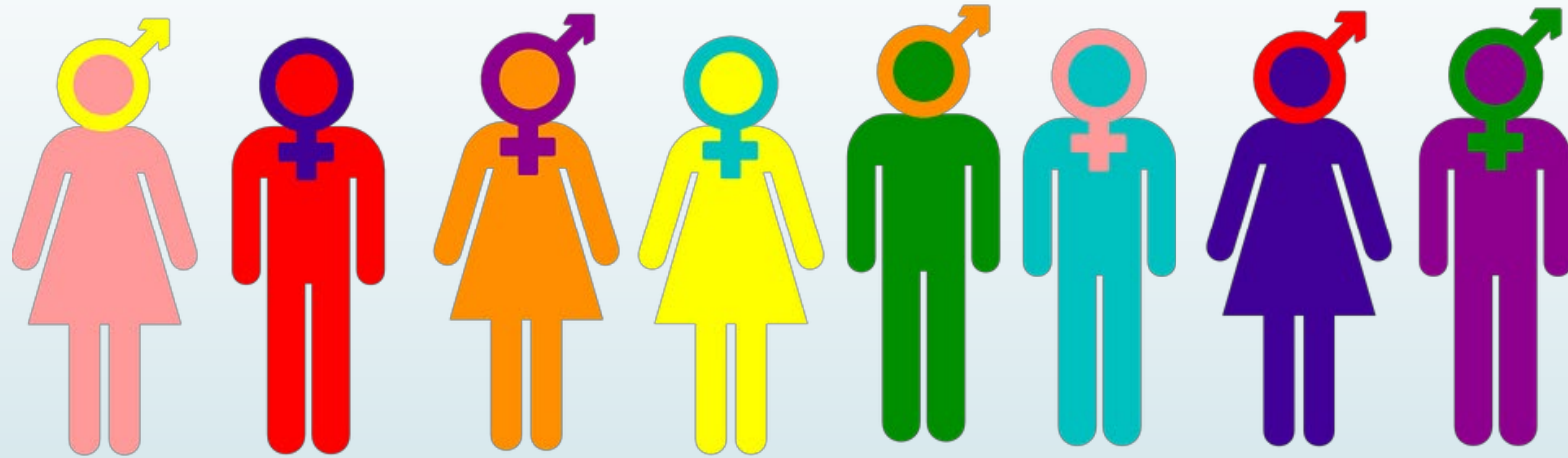
Trans Care BC Primary Care Toolkit



WPATH Standards of Care 8

**Trans care is primary care.**





Questions?