

Gender History

Name (currently used) _____

Name (legal) _____

Social Security Number _____ Date of Birth _____

Address (No., Street, City, State, Zip) _____

Phone (home) _____ Phone (work) _____

Phone(cell) _____ Email _____

Gender of Choice: Male/Female

Anatomic Sex: Male/Female

Single Married Domestic Partner Living Together (circle)

Number of biological children _____ their ages _____

Highest level of Education _____ from _____

Present Job title _____ Place of Employment _____

How long have you been in the field where you are working? _____

Any current Medical Conditions _____

Prescription Medications taken regularly _____

Prescribing Physician for hormones/ Testosterone (Name, Address)

I have crossdressed part-time / full-time for _____ months / _____ years.

Presently I have included my biological family / children / parents / present partner / in my decision to begin hormone therapy / have surgery. yes no

Social and Psychological History

Have you ever served in the Armed Forces? Yes / No / Drafted / Enlisted

Have you ever been convicted of any crime? If yes, briefly comment.

Do you have a history of alcohol or drug abuse? yes / no

Have you had any treatment for alcohol or drug abuse? _____

Where / When? _____

Have you ever attempted suicide? Yes / No

Have you ever attempted genital injury? Yes / No

Please indicate your religious affiliation: in Childhood/Currently _____

Sexual an General History

In general, how important a part does sex play in your life? _____

What do you understand the term 'transvestite' to mean? _____

What do you understand the term 'transsexual' to mean? _____

What do you understand the term 'homosexual' to mean? _____

Age at which you first cross-dressed? In public/In private _____

At what age do you feel your gender dysphoria began? _____

How did your gender dysphoria affect you growing up? _____

How does your gender dysphoria affect you today? _____

Do you wish to have sex reassignment surgery? _____

What differences do you feel surgery will make in your life? _____

What does it mean to you to be a man / woman?

What is your understanding and reaction to possible complications and/or discomfort involved in surgery? _____

Please state if you have had / dates of treatment / and with whom, any of the following:

Laser or electrolysis ? _____

Psychotherapy? _____

Voice Coaching? _____

Facial Surgery? _____

Bilateral Mastectomy? _____

Metoidioplasty? _____

Hysterectomy? _____

Legal Name and Gender Change? _____

If so, what state? _____ your attorney _____

Hormones? when you began _____ physician _____

Medication/ amount / how often? _____

Testosterone? when you began _____ physician _____

Amount/ how often? _____

Spirolactone? when you began _____ physician _____

Do you wish to have biological children? _____

Have you considered your reproductive options as a result of hormones / testosterone / surgery? _____

Do you wish to sperm bank / freeze your eggs prior to hormones / surgery? _____

Other _____

THANK YOU