

Gender History

Date: _____

Chosen Name: _____

Legal Name: _____

Address: (Street, City, State, Zip) _____

Date of Birth: _____ SS _____

Phone (Cell) _____ Phone (work) _____

Email _____

Gender Identity: (M, F, Transgender, non-binary, non-conforming, Gender variant, other)

Gender Expression: (M, F, androgenous, other)

Marital Status: _____

Number of biological children _____ their ages _____

Highest Educational Degree _____

Job title _____ Place of Employment _____

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

Current Medical Conditions:

Prescription Medications taken regularly:

I am living in my true gender 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 Age of attempt _____

If so, what happened?

What was the reason for the attempt?

Have you ever attempted genital injury? Yes / No

Please indicate your religious affiliation: in Childhood/Currently

When did you first tell anyone about your gender concerns?

Who did you tell?

Do you have a good support system?

Who is included in your support system?

Do they know about your gender issues?

What social, political, or civic associations are you a member of?

Sexual and General History

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

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

At what age do you feel your gender dysphoria began?

Looking Back, what thoughts or behaviors did you have growing up that you now identify as gender dysphoric?

Age 0-10:

Age:10-17 (puberty and teen-age years)

Age 17-25: (young adulthood)

Age 25-present age:

How did your gender dysphoria affect you growing up?

Did anyone during your childhood or adolescence notice that your gender was an issue for you?

Was anything done at that time?

How has your gender dysphoria progressed through the years?

How does your gender dysphoria affect you today?

What differences do you feel hormones will make / or have made in your life?

Do you wish to have sex reassignment surgery?

(If applicable) What differences do you feel surgery will make in your life? _____

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

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

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

Laser or electrolysis? (dates)

Psychotherapy? (dates)

Voice Coaching? (dates)

Facial Surgery? (dates)

Bilateral Mastectomy? (Date)

Metoidioplasty? (Date)

Hysterectomy? (Date)

Legal Name and Gender Change? (When?)

If so, what state? _____

Hormones? _____

When you began _____ physician _____

Amount / how often? _____

Testosterone? when you began _____

Blockers? (Other Meds) _____

Female Hormones? When you began _____

physician _____ Amount/ how often? _____

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?

Have you read the "Standards of Care" as written by WPATH, (World Professional Association for Transgendered Health) regarding benefits and risks for :

Hormones- Yes ___ No ___ Surgery- Yes ___ No ___

Any other information you would like me to have regarding your gender history?

THANK YOU