

# Gender-Affirmation Surgery Questionnaire



**PLEASE COMPLETE THIS FORM AS BEST YOU CAN, IT'S OK IF YOU DON'T KNOW ALL THE ANSWERS**

## GENERAL INFO

NAME	NAME ON INSURANCE
DATE OF BIRTH	INSURANCE
PRONOUN	PRIMARY LANGUAGE
GENDER IDENTITY	ASSIGNED SEX AT BIRTH

## WHICH SURGERY OR SURGERIES ARE YOU SEEKING AT THIS TIME?

<input type="checkbox"/> BREAST AUGMENTATION	<input type="checkbox"/> MASTECTOMY (DOUBLE INCISION OR KEYHOLE)
<input type="checkbox"/> ORCHIECTOMY	<input type="checkbox"/> HYSTERECTOMY
<input type="checkbox"/> SCROTECTOMY	<input type="checkbox"/> OOPHERECTOMY (UNILATERAL OR BILATERAL)
<input type="checkbox"/> PENECTOMY	<input type="checkbox"/> METOIDIOPLASY
<input type="checkbox"/> VULVOPLASTY	<input type="checkbox"/> URETHRAL LENGTHENING
<input type="checkbox"/> VAGINOPLASTY	<input type="checkbox"/> VAGINECTOMY
<input type="checkbox"/> TRACHEAL SHAVE	<input type="checkbox"/> SCROTOPLASTY WITH TESTICULAR IMPLANTS
<input type="checkbox"/> FACIAL FEMINIZATION	<input type="checkbox"/> FACIAL MASCULINIZATION
<input type="checkbox"/> RHINOPLASTY	<input type="checkbox"/> PHALLOPLASTY
<input type="checkbox"/> FACIAL HAIR REMOVAL	<input type="checkbox"/> PENILE IMPLANT
<input type="checkbox"/> REVISION OF _____	<input type="checkbox"/> REVISION OF _____

## GENDER HISTORY

When did you first notice your gender identity differed from your assigned sex?

When did you first start identifying as gender variant or as your current gender?

When did you begin outwardly presenting as your gender identity "full-time" or "part-time"?

Are you currently taking hormones to transition?

If yes, when did you start?

If no, why not?

Who in your life are you "out" to? (eg. family, friends, partner(s), employer(s), school, provider(s))

Who in your life is supportive of your transition? (eg. family, friends, partner(s), employer(s), school, provider(s))

What are you currently doing to transition/alleviate your gender dysphoria? (eg. hormone therapy, binding, packing, breast forms, tucking, shaving, make-up, dressing reflective of gender, change name/pronoun)

Have you had medical complications from using any of the above mentioned transition techniques? (eg. breathing issues, fungal infections, recurring urinary infections, cystic acne, bloodwork abnormalities)

Do you ever feel anxious, depressed, or suicidal because you are perceived as the wrong gender?

Do you ever feel anxious, depressed, or suicidal because you haven't had this surgery?

What are your goals of surgery? How will obtaining this particular surgery help alleviate your dysphoria? How does not having access to this surgery worsen your dysphoria?

## SOCIAL HISTORY

Please describe your current housing situation (eg. home owner, apartment rental, SRO, couch surfing, in car, in shelter, on the street)

What is your monthly income?

Are you currently employed or in school?

If yes, please describe:

If no, please describe past employment/schooling history and whether you are looking for work/school:

Do you receive SSI?

What is the highest level of education you have completed?

Do you or have you ever used caffeine products?

If you currently use caffeine products, describe what/how often:

If you quit, when did you quit and describe what/how often you used to use caffeine products:

Do you or have you ever used tobacco products?

If you currently use tobacco products, describe what/how often:

If you quit, when did you quit and describe what/how often you used to use tobacco products:

Do you or have you ever used marijuana products?

If you currently use marijuana products, describe what/how often:

If you quit, when did you quit and describe what/how often you used to use marijuana products:

Do you drink alcohol?

If yes, describe what/how often:

If you used to, when did you stop and describe what/how often you used to use:

Do you use other recreational drugs? (eg. psychedelics, meth, cocaine, crack, heroin, prescription drugs not as prescribed, bath salts, inhalants)

If yes, describe what/how often:

If you used to, when did you stop and describe what/how often you used to use:

## HEALTH HISTORY

When did you first establish care at Lyon-Martin?

Who was your previous medical provider?

Who was your previous mental health provider (if applicable)?

Height:                      Weight:

Please list any medical conditions/diagnoses:

Please list any mental health conditions/diagnoses:

Please list your medications:

Please list your surgical history:

Have you or a family member ever had any issues with anesthesia?

If yes, please describe:

Have you ever been hospitalized?

If yes, when and for what?

Do you have a therapist?

If yes, please provide their name and contact info:

Do you have a psychiatrist?

If yes, please provide their name and contact info:

Are you currently or have you ever been suicidal?

If yes, please elaborate on current or past attempts or ideation:

## **SURGERY PREP**

If you do not have Medi-Cal, do you know how much you will be expected to pay? (Deductible + Surgery Co-pay + Inpatient Stay if applicable)

Do you have a preferred surgeon or know which surgeon is in-network with your insurance?

Do you have a preferred time-frame for your surgery date?

Are you aware that both your surgeon and your primary care provider will want to see you for pre-op and post-op appointments?

Have you planned financially to pay for post-op supplies as well as any unexpected costs?

Who will accompany you to your surgery?

Who is your back-up?

What is your transportation plan to get to and from your surgery and post-op appointments?

What is your back-up plan?

Will you need a paratransit application?

Will your employer or school allow you to take the time off you need to recover?

Will you need a doctor's note to excuse your time-off?

Will you need a State Disability Insurance (SDI) application?

Where will you be staying post-op?

Who will check in on you and help care for you post-op?

Will you need a home health nurse?

What is your plan for food/meal prep?

Will you need a Project Open Hand application?

Have you heard of TransBucket?

**PLANNING NOTES**

[Empty light green box for planning notes]

**ATTESTATION**

I hereby attest that the foregoing is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_