Planned Parenthood Pasadena and San Gabriel Valley

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Revised July 2019

Gender History Intake

Welcome to our health center. In order to provide you with the best care, we would like to understand more about you and your needs. Please answer the following questions to the best of your ability. Feel free to skip any question that you don't understand or that you don't want to answer. We know these things may change, but please answer these questions as of today.

1. Chosen Name ____
2. Legal Name ____
3. What pronouns do you use (examples include she, he, they)? _________________
4. Sex assigned at birth: _______________
5. How do you identify (check all that apply):

❑ Male ❑ Genderqueer ❑ Transfemme
❑ Female ❑ Gender non-conforming ❑ Transmasculine
❑ Transgender ❑ Gender non-binary ❑ Intersex
❑ Transsexual ❑ Two Spirit
❑ FTM ❑ _________________
❑ MTF

6. Who is in your support system? Who do you talk to about your problems (e.g. feeling sad or angry)? Check all that apply

❑ Significant other ❑ Therapist ❑ Community organization/agency (such as LGBT Center)
❑ Friends ❑ Support group/online support group ❑ ____________________
❑ Family of origin

7. Are you out as transgender or openly living as your self-identified gender at work/school?

❑ No one knows ❑ Some people know ❑ Everyone knows

If not, would you feel safe if you choose to come out? Yes ❑ No ❑

8. Are the following people supportive of your transition/gender expression?

Employer/school Yes ❑ No ❑ Family of origin Yes ❑ No ❑
Significant other Yes ❑ No ❑ Friends Yes ❑ No ❑

9. Do you have any concerns about coming out as transgender/gender non-conforming?

____

____

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10. Do you need support with any of the following:

- ❑ Employment
- ❑ Legal name/gender marker change
- ❑ Immigration
- ❑ Housing
- ❑ Food
- ❑ Alcohol/substance abuse
- ❑ Counseling
- ❑ Relationship problems
- ❑ ______________________________

11. Have you ever seen a health care provider about being transgender? Yes ❑ No ❑

12. Have you had the opportunity to work with a mental health professional regarding concerns related to gender identity? Yes ❑ No ❑

13. What hormone treatments have you been on, when, and for how long? These can be ones you were prescribed, shared with you by others or that you bought without a prescription. Include any treatment you currently take.
❑ None

What	Dose	When did you start?	How long have you taken it?

14. Have you had any problems, complications or other difficulties with hormone treatment?
Yes ❑ No ❑
If yes, please list them:
____

15. If you are not currently taking hormones, would you like to? Yes ❑ No ___________________________________

16. Would you like education on how to safely self-inject? Yes ❑ No ❑

17. Have you had any gender-related surgeries with regard to your reproductive organs? Yes ❑ No ❑
If yes, which surgeries have you had:

Masculinizing procedures:

- ❑ Chest reconstruction (top surgery)
- ❑ Body contouring
- ❑ Hysterectomy (removal of uterus)
- ❑ Oopherectomy (removal of ovaries)
- ❑ Metoidioplasty or phalloplasty (surgery to form a neophallus, or penis)
- ❑ ______________________________

Feminizing procedures:

- ❑ Orchiectomy (removal of testes)
- ❑ Vaginoplasty
- ❑ Silicone injection
- ❑ Facial feminization
- ❑ Tracheal shave
- ❑ Breast augmentation
- ❑ Body contouring
- ❑ ______________________________

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18. Are you currently seeking or considering any gender-related surgery or other body modification? Yes ❑ No ❑
    If yes, which surgeries:

    Masculinizing procedures:

    ❑ Chest reconstruction (top surgery)
    ❑ Body contouring
    ❑ Hysterectomy (removal of uterus)
    ❑ Oopherectomy (removal of ovaries)
    ❑ Metoidioplasty or phalloplasty (surgery to form a neophallus, or penis)
    ❑ ______________________________

    Feminizing procedures:

    ❑ Orchiectomy (removal of testes)
    ❑ Vaginoplasty
    ❑ Silicone injection
    ❑ Facial feminization
    ❑ Tracheal shave
    ❑ Breast augmentation
    ❑ Body contouring
    ❑ ______________________________

19. Would you like information on tissue-preservation (egg freezing, sperm freezing)? Yes ❑ No ❑

20. We know that it is often difficult to find a sensitive medical provider and many transgender or gender nonconforming people refrain from getting regular health care. Can you tell us when you last had a:

    ❑ Cervical pap _______ ❑ HPV test ______ ❑ chest exam ______ ❑ prostate exam ______

21. Do you want STI testing today? Yes ❑ No ❑

22. Do you have a need for pregnancy prevention? Yes ❑ No ❑

23. What are your requests for the provider before such an exam to make the experience as comfortable as possible for you?
    ____
    ____

24. Please know that we are familiar with many different kinds of bodies and feel comfortable examining everyone without judgment. To help with that, if it makes you feel more comfortable, please tell us how you refer to your body parts:
    ____

25. Any other questions or concerns?
    ____

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