INITIAL ASSESSMENT CHECKLIST

CLIENT HISTORY

- [ ] Discuss the rationale for assessment period:
    - › Establish rapport
    - › Ensure optimal readiness
    - › Ensure client has all information they need to start hormone therapy
- [ ] General medical intake & medical history

BASELINE DATA

- [ ] Vitals (incl. BP, Ht, Wt, Waist & Abdo circ.)
- [ ] Focused Physical Exam
- [ ] Blood work
- [ ] Health screening commensurate to age & risk profile

CLIENT EDUCATION, READINESS AND SUPPORTS

- [ ] Allow client to articulate their transition goals
- [ ] Ensure client expresses reasonable expectations
    - › Client understands timeline of changes
    - › Client understands limitations of hormone therapy
- [ ] Discuss effects on fertility and options available for preservation
    - › Fertility may be **permanently** affected by hormone therapy.
- [ ] Discuss pregnancy risk and options for contraception & implement these if needed
- [ ] Discuss psychosocial readiness
    - › Ensure supports are in place to facilitate healthy adjustment
    - › Refer to psychological support/counselling if necessary
- [ ] Review potential costs (e.g. medication, hair removal, fertility)
- [ ] Discuss risks, side effects, potential benefits and expected changes (reversible vs. irreversible) associated with treatment and ensure client demonstrates understanding
- [ ] Ensure client possesses capacity to consent
- [ ] Review medication options/treatment routes
- [ ] Submit EAP form (for clients on ODB)

RISK MANAGMENT

- [ ] Ensure absence of absolute contraindications
- [ ] Optimally manage precautions
- [ ] Manage psychiatric co-morbidity, if present
- [ ] If smoker, advise smoking cessation counseling

DIFFERENTIAL DIAGNOSIS

- [ ] Rule out other possible diagnosis (i.e. psychiatric disorders that could mimic gender dysphoria such as psychotic or dissociative disorders)
- [ ] Ensure client meets Criteria for Gender Dysphoria
- [ ] No evidence of intersex condition (e.g. ambiguous genitalia, abnormal baseline hormone profile)

NEXT STEPS

- [ ] Choose initial hormone regimen
- [ ] Client signs Consent Form
- [ ] Discuss interest in Gender Affirming Surgery
- [ ] Offer support for changing client's sex designation on Government ID