

APPENDIX D: PREVENTIVE CARE CHECKLIST FOR TRANSGENDER WOMEN

Prepared by: Dr. A. Bourns • Adapted from the Preventive Care Checklist Form © Dec 2010

For annual health assessments of Transgender Women, applying to patients who were born with male genitalia and have a gender identity that is female or on the feminine spectrum, who may or may not have accessed hormonal and/or surgical treatments for gender dysphoria.

Please note:

- **Bold** = transgender-specific considerations, see Explanation Sheet for detailed recommendations
- Unbolded items should be followed according to the original Preventive Care Checklist Form© and the Explanations for the Preventive Care Checklist Form© for cisgender men

(see Duerksen A, Dubey V, Iglar K. Annual adult health checkup: Update on the Preventive Care Checklist Form© Canadian Family Physician, 2012 Jan; 58:43-47.)

IDENTIFYING DATA:

Name: _____

Tel: _____

DOB: _____

Age: _____

Date of examination: _____

MEDICAL TRANSITION HISTORY:

Androgen Blocker:

Spironolactone Cyproterone N/A

Estrogen Yes No

If Yes, Start Date: _____

Orchiectomy Yes No

Vaginoplasty Yes No

Breast Aug Yes No

CURRENT CONCERNS:

LIFESTYLE/HABITS/PSYCHOSOCIAL:

Diet: _____

Fat/Cholesterol _____

Fiber _____

Calcium _____

Sodium _____

Exercise: _____

Work/Education: _____

Income Below Poverty Level: Yes No

Family: _____

Relationships: _____

Social Supports: _____

Smoking: _____

Alcohol: _____

Safe Guidelines ≤10/week, ≤2/day

Recreational Drugs: _____

Sexual History: _____

Family Planning/Contraception: _____

Name change/identification: _____

Sleep: _____

MENTAL HEALTH: Screen for:

Depression	Positive	Negative
Anxiety	Positive	Negative
Suicidal Ideation	Positive	Negative
Persistent Gender Dyshoria	Positive	Negative

UPDATE CUMULATIVE PATIENT PROFILE:

Family History	Medications
Hospitalizations/Surgeries	Allergies

FUNCTIONAL INQUIRY:

HEENT: _____ Normal
CVS: _____ Normal
Resp: _____ Normal
Breasts: _____ Normal
GI: _____ Normal
GU: _____ Normal
Sexual Function: _____ Normal
MSK: _____ Normal
Neuro: _____ Normal
Derm: _____ Normal
Constitutional Sx: _____ Normal

PHYSICAL EXAMINATION:

HR: _____ BP: _____ RR: _____
Ht: _____ Wt: _____ BMI: _____
Waist Circumference: _____
Hip Circumference: _____ Ratio: _____

Or: See EMR Vitals

Eyes: _____
Snellen sight card R _____
L _____

Ears: _____
Whispered voice test R _____
L _____

Nose: _____

Neck/Thyroid: _____

CVS: _____

Resp: _____

Breast: _____

Abdo: _____

Ano-Rectum: _____

Genito-urinary: _____

Neuro: _____

Derm: _____

MSK/Joints: _____

Extremities: _____

EDUCATION/COUNSELLING:

review S/Sx DVT/PE

BEHAVIOURAL

adverse nutritional habits
adequate calcium intake (1200 mg daily diet + supp)
adequate vitamin D (1000 IU daily)
hormone adherence
regular, moderate physical activity
avoid sun exposure, use protective clothing
safe sex practices/STI counseling

OBESITY - (BMI > 30) YES NO
weight loss counselling
screen for mental health contributors
multidisciplinary approach

UNDERWEIGHT - (BMI < 18) YES NO
screen for eating disorders

SMOKING YES NO
smoking cessation
nicotine replacement therapy/other drugs
dietary advice on fruits and green leafy vegetables
referral to validated smoking cessation program

ALCOHOL & OTHER SUBSTANCES: YES NO
case finding for problematic substance use
counselling for problematic substance use

ELDERLY YES NO
cognitive assessment (if concerns)
fall assessment (if history of falls)

ORAL HYGIENE
brushing/flossing teeth
fluoride (toothpaste/supplement)
tooth scaling and prophylaxis
smoking cessation

PERSONAL SAFETY
hearing protection
noise control programs
seat belts
injection safety

PARENTS WITH CHILDREN YES NO
poison control prevention
smoke detectors
non-flammable sleepwear
hot water thermostat settings (<54°C)

