

APPENDIX A: Hormone Planning Period Checklist

The following is a tool to assist in undertaking planning visits with new (or newly transitioning) trans patients in primary care settings who wish to initiate hormone therapy. This checklist is for patients who have completed puberty. If they have not, consider providing care under the guidance of an expert, or referral to a specialized centre or another provider with expertise in this area. For providers wishing to grow their expertise in this area, RHO is expecting to offer training in caring for pubertal trans children and youth as of spring 2020.

NOTE: A “No” response does not necessarily preclude a patient from being a candidate for hormone therapy however it does indicate an area that may need ongoing attention

ITEM	YES / DONE	NO	COMMENTS
PATIENT HISTORY			
Discussion of rationale for planning period			
General medical intake & medical history			
Obtain/Review records from previous providers			
Exploration of gender identity and expression			
BASELINE DATA			
Vitals (incl BP, Ht, Wt)			
Focused physical exam (+/- Breast inspection/ measurement in transfeminine patients)			
Bloodwork (liver enzymes, lipids, fasting glu or a1c, complete blood count, hormone levels, +/- renal function – See Tables 6 & 10)			
Health screening commensurate to age/risk			

ITEM	YES / DONE	NO	COMMENTS
PATIENT EDUCATION, PREPARATION & SUPPORTS			
Articulation of transition goals, (including interest in transition-related surgeries)			
Reasonable expectations expressed			
Risks + side effects, and potential benefits (expected changes both reversible & irreversible) associated with treatment discussed and patient understanding demonstrated (See Appendices K-M for checklists)			
Effects on fertility and options for preservation discussed, early referral for preservation if desired			
Pregnancy risk/options for contraception discussed & implemented if needed			
Possesses capacity to consent			
Potential costs (e.g. medication, hair removal, fertility preservation) reviewed and considered			
Psychosocial preparation and supports discussed			
Medication options/routes reviewed			
EAP form submission (patients on ODB wishing to start testosterone)			
RISK MANAGEMENT			
Absence of contraindications			
Precautions optimally managed or management plan in place			
If present, mental health conditions reasonably well-managed or management plan in place			

ITEM	YES / DONE	NO	COMMENTS
If smoker, smoking cessation counselling done			
DIFFERENTIAL DIAGNOSIS			
Other possible diagnoses ruled out			
Meets criteria for Gender Dysphoria/Gender Incongruence			
Intersex condition ruled out or taken into consideration			
FINAL / NEXT STEPS			
Choose initial hormone regimen			
Discuss/arrange follow up			