

APPENDIX F: preventive care checklist for transmasculine patients

For annual health assessments of transmasculine patients, applying to patients who were assigned female at birth and have a gender identity that is male or on the masculine spectrum, who may or may not have accessed hormonal and/or surgical treatments for gender dysphoria/gender incongruence.

Prepared by: Dr. A. Bourns · Adapted from the Preventive Care Checklist Form © 2016

(see Ridley, J, Ischayek, A., Dubey, V., Iglar, K., Adult health Checkup: Update on the Preventive Care Checklist Form© Canadian Family Physician, 2016 Apr; 62:307-313)

Please note: **Bold** = transgender-specific considerations, see Explanation Sheet for detailed recommendations

Unbolded items should be followed according to the most recent update to the original Preventive Care Checklist©

IDENTIFYING DATA:

Name: _____

Tel: _____

DOB: _____

Age: _____

Date of Examination: _____

MEDICAL TRANSITION HISTORY:

Testosterone: Yes No

If Yes, Start Date: _____

Chest Reconstruction: Yes No

TAH: Yes No

BSO: Yes No

Genital Reconstruction

Clitoral Release: Yes No

Meta: Yes No

Phallo: Yes No

CURRENT CONCERNS

LIFESTYLE/HABITS/PSYCHOSOCIAL:

Diet: _____

Fat/Cholesterol _____

Fibre _____

Calcium _____

Sodium _____

Exercise: _____

Work/Education: _____

Poverty: _____

Social supports: _____

Family: _____

Relationships: _____

Sexual History: _____

Family Planning/Contraception: _____

Name change/identification: _____

Sleep: _____

Smoking: _____

Alcohol: _____

Safe Guidelines ≤10/week, ≤2/day

Drugs: _____

MENTAL HEALTH

Screen for:

- Depression Positive Negative
- Suicidal Ideation** Positive Negative
- Self-harm** Positive Negative
- Anxiety** Positive Negative
- Persistent Gender Dysphoria** Positive Negative
- Experiences/Impacts of transphobia** Positive Negative

UPDATE CUMULATIVE PATIENT PROFILE

- Family History
- Medications
- Hospitalizations/Surgeries
- Allergies

FUNCTIONAL INQUIRY

	Normal	Remarks:
HEENT:	<input type="checkbox"/>	_____
CVS:	<input type="checkbox"/>	_____
Resp:	<input type="checkbox"/>	_____
Chest:	<input type="checkbox"/>	_____
GI:	<input type="checkbox"/>	_____
GU/PV bleeding:	<input type="checkbox"/>	_____
Sexual Function:	<input type="checkbox"/>	_____
MSK:	<input type="checkbox"/>	_____
Neuro:	<input type="checkbox"/>	_____
Derm:	<input type="checkbox"/>	_____
Constitutional Sx:	<input type="checkbox"/>	_____

PHYSICAL EXAMINATION:

Physical examination, as required, taking into consideration pre-existing conditions and presenting complaints

BP _____ HT _____

WT _____ BMI _____

- Or See EMR Vitals

May include:

Chest _____

Pelvic/pap _____

Ano-rectum _____

Derm _____

EDUCATION/COUNSELLING

Behavioural

- adverse nutritional habits
- dietary advice on fat/cholesterol
- 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 counselling/PrEP indications**
- review potential for pregnancy/ assess need for birth control**
- assess need for folic acid (0.4-0.8 mg)**

Overweight (BMI 25-29) or Obese (BMI 30-39)

- Overweight (BMI 25-29)
- Obese (BMI 30-39)
- structured behavioural interventions for weight loss
 - screen for mental health contributors**
 - multidisciplinary approach

Underweight

- Underweight (BMI<18)**
- screen for eating disorders**

Smoking

- smoking cessation
- nicotine replacement therapy/other medications
- dietary advice on fruits and green leafy vegetables
- referral to validated smoking cessation program

Alcohol & other substances

- case finding for problematic substance use
- counselling for problematic substance use
- referral for substance abuse treatment**
- provide naloxone kit if indicated**

Elderly

- cognitive assessment (if concerns)
- fall assessment (if history of falls)
- advanced care planning**

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**
- bathroom safety**

Parents with children

- poison control prevention
- smoke detectors
- non-flammable sleepwear
- hot water thermostat settings (<54°C)

≤64 YEARS

≥65 YEARS

<input type="checkbox"/> Mammography (q2 yrs age 50-74 if no chest reconstruction)	<input type="checkbox"/> Mammography (q2 yrs age 50-74 if no chest reconstruction)
<input type="checkbox"/> Cervical cytology (q3 yrs if ever sexually active and 21-69 yrs)	<input type="checkbox"/> Cervical cytology (q3 yrs if ever sexually active and up to 69 yrs)
<input type="checkbox"/> Fecal immunochemical test (FIT) (age 50-64 q2 yrs) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Fecal immunochemical test (FIT) (up to 74 yrs q2 yrs) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy
<input type="checkbox"/> GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)	<input type="checkbox"/> GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)
<input type="checkbox"/> Bone Mineral Density if at risk	<input type="checkbox"/> Bone Mineral Density <input type="checkbox"/> Audioscope (or inquire/whispered voice test)
Consider Anal Pap if history of receptive anal sex, q2-3 yrs or yearly if HIV+ (age range not defined)	

ANNUAL TRANS BLOODWORK (ALL AGES, ASSUMING 12 MONTHS ON HORMONE THERAPY)

Lab Test	Indication
<input type="checkbox"/> CBC*	yearly
<input type="checkbox"/> ALT+/-AST	per provider discretion
<input type="checkbox"/> Total testosterone	yearly
<input type="checkbox"/> LH	yearly if agonadal
<input type="checkbox"/> Lipid Profile	at 12 mos, then per routine guidelines
<input type="checkbox"/> Hba1c or FPG	at 12 mos, then per routine guidelines

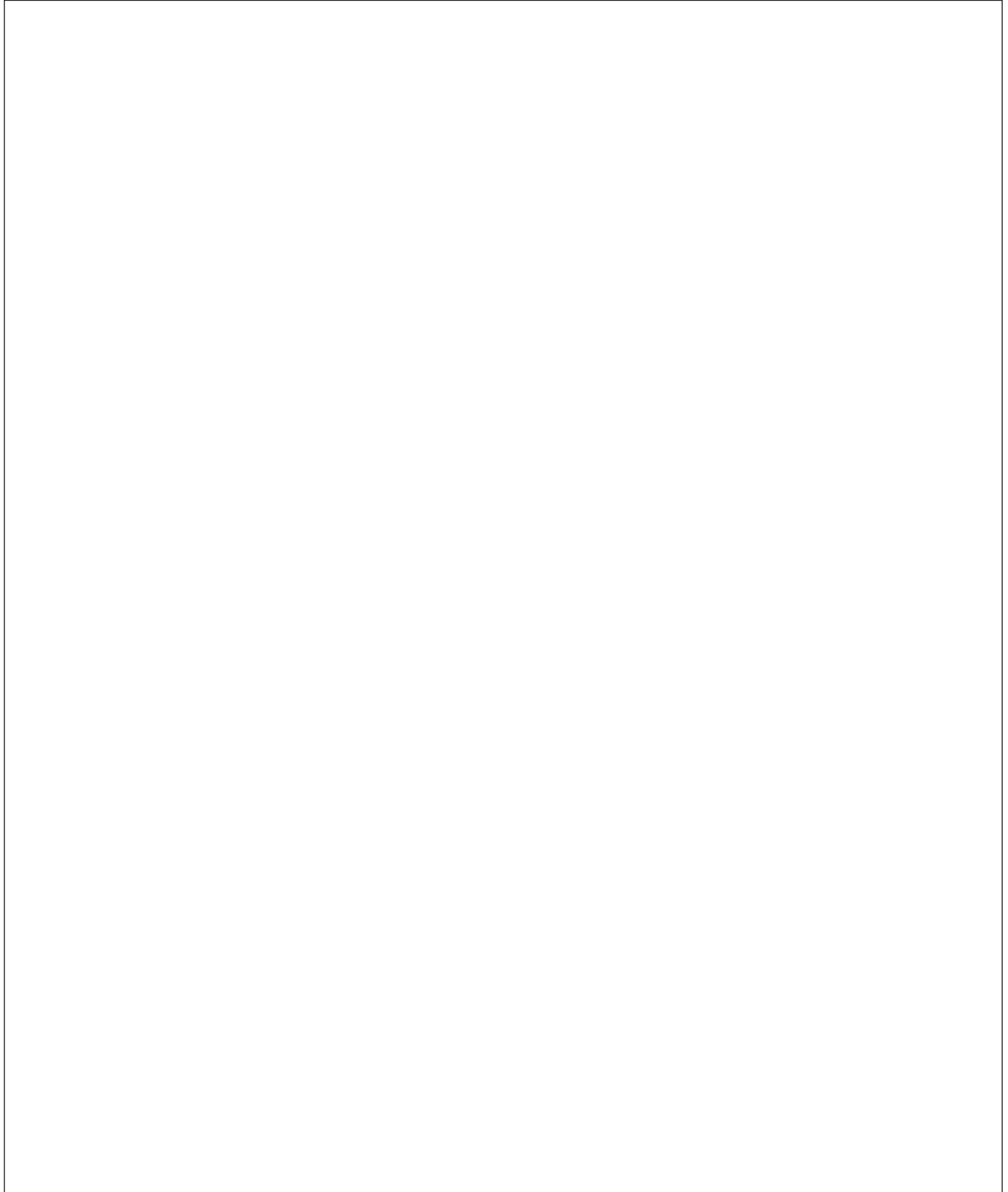
*use male reference range for ULN Hb/Hct

≤64 YEARS

≥65 YEARS

<input type="checkbox"/> Tetanus vaccine q10 yrs	<input type="checkbox"/> Tetanus vaccine q10 yrs
<input type="checkbox"/> Influenza vaccine q1 yr	<input type="checkbox"/> Influenza vaccine q1 yr
<input type="checkbox"/> Acellular pertussis vaccine	<input type="checkbox"/> Pneumococcal vaccine
<input type="checkbox"/> Varicella vaccine (2 doses)	<input type="checkbox"/> Acellular pertussis vaccine
<input type="checkbox"/> Human papillomavirus vaccine (consider up to age 45 yrs, publicly covered ≤26 yrs if sexually active with MSM)	<input type="checkbox"/> Varicella vaccine (2 doses)
<input type="checkbox"/> Measles/mumps/rubella vaccine	<input type="checkbox"/> Herpes zoster vaccine (publicly covered 65-70yrs)
<input type="checkbox"/> Meningococcal vaccine	
<input type="checkbox"/> Herpes zoster vaccine (consider ≥60 yrs)	
<input type="checkbox"/> Hepatitis A/Hepatitis B	
<input type="checkbox"/> Hep A immunity	
<input type="checkbox"/> Hep B immunity	

ASSESSMENT AND PLANS

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write their assessment and plans.