

# 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
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Estrogen	Yes	No
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If Yes, Start Date: \_\_\_\_\_

Orchiectomy	Yes	No
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Vaginoplasty	Yes	No
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Breast Aug	Yes	No
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**CURRENT CONCERNS:**

**LIFESTYLE/HABITS/PSYCHOSOCIAL:**

Diet: \_\_\_\_\_

Fat/Cholesterol \_\_\_\_\_

Fiber \_\_\_\_\_

Calcium \_\_\_\_\_

Sodium \_\_\_\_\_

Exercise: \_\_\_\_\_

Work/Education: \_\_\_\_\_

Income Below Poverty Level:	Yes	No
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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:**

<b>Depression</b>	<b>Positive</b>	<b>Negative</b>
<b>Anxiety</b>	<b>Positive</b>	<b>Negative</b>
<b>Suicidal Ideation</b>	<b>Positive</b>	<b>Negative</b>
<b>Persistent Gender Dyshoria</b>	<b>Positive</b>	<b>Negative</b>

**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)

	<u><b>21-64 YEARS</b></u>	<u><b>&gt;65 YEARS</b></u>
<b>LABS/INVESTIGATIONS:</b>	<p><b>Mammography</b> (estrogen &gt; 5 yrs and avg risk: age 50-64 q2 yrs) Hemocult mutiphase (age 50-64 q2yrs) OR sigmoidoscopy OR Colonoscopy <b>GC/CT/Syphilis/HIV/HBV screen (high risk)</b> <b>Yearly trans bloodwork</b> Fasting glucose and lipid profile Cr, lytes if on spironolactone CBC, ALT+/-AST Estradiol, Prolactin, LH <b>Bone Mineral Density</b> if at risk</p>	<p><b>Mammography</b> (estrogen &gt; 5 yrs and avg risk: age 65-71 q2 yrs) Hemocult mutiphase 2 yrs (age 65-74 q2yrs) OR sigmoidoscopy OR Colonoscopy <b>GC/CT/Syphilis/HIV/HBV screen (high risk)</b> <b>Yearly trans bloodwork</b> Fasting glucose and lipid profile Cr, lytes if on spironolactone CBC, ALT+/-AST Estradiol, Prolactin, LH <b>Bone Mineral Density</b> Audioscope (or inquire/whispered voice test)</p>
<b>IMMUNIZATIONS:</b>	<p>Tetanus vaccine q10yrs Meningococcal vaccine (high risk) Influenza vaccine q1yr Herpes zoster vaccine (age &gt;60) Pneumococcal vaccine (high risk) Acellular pertussis vaccine Human papillomavirus vaccine (3 doses) (age 9-26, <b>consider up to age 45</b>) MMR vaccine (ensure 2 doses rec'd if born &gt;1970) Measles immunity Varicella vaccine (2 doses) Varicella immunity <b>Hepatitis A/Hepatitis B</b>      <b>Hep A immunity</b>    <b>Hep B immunity</b></p>	<p>Tetanus vaccine q10yrs Influenza vaccine q1yr Pneumococcal vaccine Acellular pertussis vaccine Herpes zoster vaccine Varicella vaccine (2 doses) Varicella immunity</p>

**ASSESSMENT AND PLANS:**