



Transgender New Patient Questionnaire

1. Briefly describe your gender journey:
2. What physical characteristics and/or social situations cause you gender dysphoria?
3. What are your goals and expectations from hormone therapy? If transferring care for hormone therapy, what is the reason?
4. Who is your support system?
5. Do you have plans for gender affirming surgery? If yes, what type(s)?
6. Do you want biological children?
7. What questions do you have for us regarding the transition process?

Clinic Use ONLY:
Chart #:
DOB:
Date completed: