

Gender-affirming (genital) surgery: Patient Completed Update

- All fields of this form must be completed by the patient and submitted to gender.surgery@tewhatuora.govt.nz
- This is a fillable form, if you wish to fill it out on your computer you will need to download the form to your computer and save it before starting to fill it out.

Your contact details

Name Pronoun/s

Date of birth Ethnicity

Address (street number and name)

Suburb City Post code

Email Phone (mobile) Phone (other)

GP name and practice

Other contact person (Secondary contact person details must be provided)

Name Relationship

Email Phone

General

Do you still wish to proceed with gender affirming surgery? Yes No Not sure

If **No**, we will remove you from the waiting list.

If **Yes**, are you considering:

Vaginoplasty Minimal Depth Vaginoplasty

Phalloplasty with Urethral Lengthening Phalloplasty without Urethral Lengthening

Metoidioplasty with Urethral Lengthening Metoidioplasty without Urethral Lengthening

Not Sure

Note: We recommend you, and your GP read our patient surgery information resources on our website and discuss these.

Comment:

What is your:

Height (cm)

Weight (kg)

BMI#

#Calculate your BMI at heartfoundation.org.nz/wellbeing/bmi-calculator

Patients on the waiting list will not be offered surgery unless their BMI is below 30.

If your BMI is above 30 contact your doctor to discuss healthy weight loss and weight management. A Green Prescription might be right for you. Find out more at: health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions

Do you smoke (cigarettes and vaping)? Yes No Do you vape? Yes No

Have you ever smoked or vaped? Yes No If YES, please tell us more:

You need to have stopped smoking including vapes to be eligible for any surgery consideration.

Contact your doctor or Quitline for help to stop smoking quit.org.nz

Do you ever use any recreational drugs? Yes No

If Yes, please tell us more:

How often do you drink alcohol?

Do you see either a public or private counsellor or psychologist? Yes No

Anything more you would like to tell us regarding counselling for yourself?

Have you had any new health conditions in the past 3 years? (Please describe)

What medicine are you taking?

Have you started any permanent hair removal in the past six months? (eg, facial/bikini/full body)

Yes No

Comment:

Have you ever had any readiness assessment such as for starting hormones or for any type of gender affirming surgery?

Yes No

If Yes, please tell us what were they for (such as starting hormone therapy (GAHT), orchiectomy, hysterectomy, “top” surgery or lower/bottom surgery and the year/date it occurred:

Comment:

Anything else you would like to add or let us know?

Privacy statement

This information is collected and held by Health New Zealand – Te Whatu Ora and shared with the Service Provider to assess the suitability of candidates for a First Specialist Assessment for these complex surgeries. The information is used by Health New Zealand – Te Whatu Ora (and any contractors acting as an agent of Health New Zealand – Te Whatu Ora) to manage the wait list for the Gender Affirming (Genital) Surgery Service.

You have the right to access and ask Health New Zealand – Te Whatu Ora to correct any of your personal information provided in connection with an application to undergo gender Affirming Surgery.

If you wish to do so, please contact gender.surgery@tewhatauora.govt.nz

This information is collected, used and disclosed (if applicable) in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020.

We take the safety and wellbeing of the people on the waiting list and our staff very seriously.

Should anyone say or imply they intend to harm either themselves or someone else, we must act accordingly. The safety measures we follow may result in disclosure of the relevant information to the New Zealand Police should we be faced with significant concerns for someone’s wellbeing.

Signature

Please sign and return this form.

It is very important that this form is returned if you wish to proceed with surgery.

Signature

Date

Email the completed form to: gender.surgery@tewhatauora.govt.nz