

Referral Form for Nottingham Centre for Transgender Health

Patient Details				
Legal Name		Interpreter Required	Yes	No
Preferred Name (if different)		Language if yes		
NHS No.		Can this patient attend independently?	Yes	No
Address		Has this patient attended this clinic previously	Yes	No
Telephone No.		Has this patient attended another gender clinic previously	Yes	No
Date of Birth		If yes, which clinic did they attend		
Assigned Sex at Birth		Gender of identity		
GP Details				
GP Name		GP Telephone		
GP Practice		GP Fax		
GP Address		GP Email		
Referrer Details (if referrer is not the GP) (The referrer should liaise with the GP in this case)				
Referrer Name		Referrer Telephone		
Referrer Job Title		Referrer Fax		
Referrer Address		Referrer Email		
Gender History				
Reason for Referral				

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Medical History					
Please list any medical conditions					
Psychiatric History					
Please list any psychiatric conditions					
Past History of Deliberate Self-Harm	Yes	No	Details		
Current History of Deliberate Self-Harm	Yes	No	Details		
Past History of Violence & Aggression	Yes	No	Details		
Forensic History	Yes	No	Details of Convictions		
Other diagnoses					
Autistic Spectrum	Yes	No	ADHD	Yes	No
Intellectual Disability	Yes	No	If yes- details		
Other Agencies Involved					
Medication (include prescribed and non-prescribed including hormones, contraception and herbal preparations)					
Medication	Dose		Prescribed by		Duration
Please advise of any allergies					

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Physical Health Assessment			
Height		Weight	
BMI		Blood Pressure	
Smoker	Yes	No	Amount
Alcohol	Yes	No	Amount
Recreational Drugs	Yes	No	Details

Please note that the Nottingham Centre for Transgender Health will recommend on hormone treatment and monitoring as appropriate but requires the commitment of GP's to prescribe and monitor hormone treatments.

We ask patients to stop smoking 3 months prior to hormone treatment as smoking increases the risk of clotting with oestrogens and polycythaemia with androgens.

If patients are obese they should be encouraged to reduce their weight as obesity also increases the risks of hormone treatment and may limit access to surgeries that may be desired.

Referrer's Signature.....

Date.....

Please return this form by email to not-tr.gender-services@nhs.net

Alternatively post to The Nottingham Centre for Transgender Health
 12 Broad Street
 Nottingham
 NG1 3AL