|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Date (YYYY-MMM-DD)** | | | | | | | | |
| **PATIENT INFORMATION** | | | | | | | | |
| **Last name:** | | | | **First name:** | | | | |
| Name (as appears on BC Services Card): | | | | | | | Pronouns: | |
| PHN: | | | Date of birth (yyyy-mmm-dd): | | | | | **Under 18yrs?** |
| Address: | | | | | | | | |
| City: | | Province: | | | | Postal Code: | | |
| Phone: | | Message ok? Yes No | | | | Email: | | |
| Primary language: | | Interpreter required? Yes No | | | | | | |
| Emergency contact name: | | | | | | Emergency contact phone: | | |
| ***Any considerations regarding appointment booking?*** | |  | | | | | | |
| **REFERRAL DETAILS** | | | | | | | | |
| **Have you or any other provider confirmed a diagnosis of gender incongruence or dysphoria?:** Yes No  *Note: for advice regarding diagnosis, consult RACE Line/eCASE* | | | | | | | | |
| **Surgery type(s)** Select all that apply | | | | |  | | | |
| **GENITAL SURGERY**  Surgical care planning needs to be done by a provider on Trans Care BC’s list of approved clinicians | | | | | **GONADECTOMY & UPPER SURGERY**  Surgical care planning can be done by providers who meet the competencies outlined in the WPATH SOC 8. See Trans Care BC’s website for details. | | | |
| ***Genital surgery***  Vaginoplasty (full depth) or  vaginoplasty (minimal depth) or vulvoplasty  Phalloplasty, metoidioplasty & erectile tissue (clitoral) release | | | | | ***Gonadectomy***  Hysterectomy/ salpingo-oophorectomy  Orchiectomy | | | |
| ***Upper surgery***  Chest reduction & construction (mastectomy & contouring)  Breast construction (augmentation) | | | |
| **Surgery date (if known):** | | | | | | | | |
| **MEDICAL HISTORY** | | | | | | | | |
| **Past medical history:** | | | | | | | | |
| Please select any of the following that apply to your client: | | | | | | | | |
| **BMI:** | **Sleep apnea**  CPAP machine? Yes No | | | | Tobacco/nicotine use  Cannabis/marijuana use  Other substance use | | | |

|  |  |  |
| --- | --- | --- |
| **Do you have any concerns regarding the stability of your patient’s physical or mental health?**  Yes  No  If yes, please describe: | | |
| **Surgical history** | | |
| **Current medications and/or allergies**    **Duration of time on hormone therapy, if applicable:** | | List attached |
| **Psycho-social concerns that may impact treatment** | | No concerns |
| **Does your client have a history of physical or verbal aggression?** | | Yes  No |
| **Other Care Providers involved (e.g. specialists, support workers, mental health team)**  **Name(s), Organization, Phone number** | | |
| **REFERRING PROVIDER (must be Physician or NP)** | | |
| Referring Provider Name: | Office Address:  *- If available, place office information Label or Stamp -* | |
| **Signature** | **Date (yyyy-mmm-dd):** | |
| **Name of Primary Care Provider** (if different from above): | Primary Care Provider Contact information: | |

**INSTRUCTIONS**

1. **Complete this form** and select type(s) of surgery applicable to the surgical care planning.
2. **Trans Care BC will contact the patient to book the appointment.**
3. **Trans Care BC will forward completed surgical care plan to referring provider** (and primary care provider if different).
4. **Provider to refer patient for surgery.** Trans Care BC cannot refer a patient for surgery. More information here: <http://www.phsa.ca/transcarebc/health-professionals/med-forms>
   * **Upper surgery:** Refer to the Trans Care BC Central Waitlist for upper surgeries.

Referral form available here: <http://www.phsa.ca/transcarebc/health-professionals/med-forms>

* + - Under the Surgery Referral heading, select either ‘Chest construction’ or ‘Breast construction’ > Select ‘Referral Form for Upper Surgery’
  + **Gonadectomy:** Refer directly to surgeon
  + **Genital surgery:** Refer directly to surgical centre
    - * **Gender Surgery Program BC (GSPBC):** refer directly for any genital surgery
        1. <http://www.vch.ca/locations-services/result?res_id=1457> under Referral and Surgical Journey
      * **GRS Montreal:** refer directly (vulvoplasty & vaginoplasty are the only publicly-funded surgeries available to BC residents at this clinic)
        1. <https://www.grsmontreal.com/>