

*Incomplete forms will be returned. See page 2 for instructions & resources.*

<b>Referral Date (YYYY-MM-DD)</b>			
<b>PATIENT INFORMATION</b>			
Last name:		Name used:	
Name (as appears on BC Services Card):		Pronouns:	
PHN:	Date of birth (YYYY-MM-DD):		<input type="checkbox"/> Under 18yrs?
Address:		Province:	Postal code:
City:	Is patient a Canadian citizen or permanent resident? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Phone:	Voicemail ok? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Email:	
Primary language:		Interpreter required? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Emergency contact name:		Emergency contact phone:	
<b>Any considerations regarding appointment booking?</b>			
<b>REFERRAL DETAILS</b>			
Have you or a <b>qualified*</b> provider confirmed a diagnosis of gender incongruence/dysphoria for this patient? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<small>*MD/NP and some allied health providers are qualified to diagnose. See page 2 for guidance.</small>			
Client open to transferring referral to regional gender clinic, where available? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<b>Surgery type(s)</b> (Select all that apply)	<b>GENITAL SURGERY</b> Assessment for genital surgery must be done by a provider on Trans Care BC's list of approved clinicians. <input type="checkbox"/> Vaginoplasty – full depth, vaginoplasty – minimal depth, or vulvoplasty <input type="checkbox"/> Phalloplasty, metoidioplasty, or erectile tissue (clitoral) release		
	<b>GONADECTOMY</b> Assessment for gonadectomy can be done by MD/NP and some allied health professionals per WPATH SOC 8. For consultative support to complete this assessment yourself, access RACE (app/phone) or eCASE. <input type="checkbox"/> Hysterectomy (with or without oophorectomy) <input type="checkbox"/> Orchiectomy (with or without scrotoectomy) Gonadectomy may not require surgical assessment. Please refer to surgeon before submitting this form.		
	<b>UPPER SURGERY</b> Assessment for upper surgery can be done by MD/NP and some allied health professionals per WPATH SOC 8. For consultative support to complete this assessment yourself, access RACE (app/phone) or eCASE. <input type="checkbox"/> Chest reduction & construction (mastectomy & contouring) <input type="checkbox"/> Breast construction (augmentation) Alternative referral form may be required. See page 2 for details.		
	<b>Surgery date (if known – gonadectomy only):</b>		
<b>Height:</b>	<b>Weight:</b>	<b>BMI:</b>	<input type="checkbox"/> <b>Sleep apnea</b> – If checked: CPAP therapy? <input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Length of time on hormone therapy:</b> <small>List start date or number of months/years.</small>		<small>For some surgical procedures, time on hormone therapy is required, unless hormones are not clinically recommended for the patient.</small>	
<b>Any concerns regarding the stability of your patient's physical or mental health?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, <b>SEE ATTACHED</b>	
<b>Any medical or surgical history?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, <b>SEE ATTACHED</b>	
<b>Any current medications and/or allergies?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, <b>SEE ATTACHED</b>	
<b>Any psycho-social concerns that may impact treatment?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, <b>SEE ATTACHED</b>	
<b>Any substance use (including tobacco, cannabis, other)?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, <b>SEE ATTACHED</b>	
<b>A history of physical or verbal aggression?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, <b>SEE ATTACHED</b>	
<b>Other care providers involved (e.g., specialists, support workers, mental health team):</b> Please list name(s), organizations, phone numbers.			
<b>REFERRING PROVIDER</b>			
Name:		Office address:	
MSP #:		Phone:	
Primary care provider:		Fax:	
Signature:		Date (YYYY-MM-DD):	

## Instructions

1. **Complete this form** and select type(s) of surgery applicable to the surgical readiness assessment.
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. Information on surgical referral pathways can be found on the [Trans Care BC website](#) (*Health Professionals – Forms, referrals & assessments*)

### REFERRAL FOR UPPER SURGERY

After assessment is completed, patients must be referred to a surgeon.

Two pathways are available:

1. Referral to the Upper Surgery Central Waitlist (supported by Trans Care BC).
  - “Referral for Upper Surgery” form available at the [Trans Care BC website](#) (*Health Professionals – Forms, referrals & assessments*).
2. Referral to plastic surgeon in BC who is not connected to the Upper Surgery Central Waitlist.

### REFERRAL FOR GONADECTOMY

Refer directly to surgeon. **Gonadectomy may not require surgical assessment.** Please refer to surgeon before submitting this form.

- A list of surgeons who can provide gender-affirming gonadectomies can be accessed at [pathwaysbc.ca](#) (Filter for "Transgender – Gender-affirming treatment")
- Alternatively, contact the Trans Care BC [health navigation team](#) for a list of urologists and gynecologists who offer these procedures.

### REFERRAL FOR GENITAL SURGERY

Refer directly to surgical centre:

- **Gender Surgery Program BC (GSPBC):** refer directly for any genital surgery. More information available at the [GSPBC website](#).
- **GRS Montreal:** refer directly (vulvoplasty & vaginoplasty are the only publicly-funded surgeries available to BC residents at this clinic). More information at the [GRS Montreal website](#).

### SUPPORT FOR DIAGNOSIS OF GENDER INCONGRUENCE/DYSPHORIA

- Use RACEapp+ and select the "Transgender Health" option to consult with an experienced clinician
- Contact the RACE line at 1-877-696-2131
- Contact eCASE at [ecase@providencehealth.bc.ca](mailto:ecase@providencehealth.bc.ca)