

HORMONE REPLACEMENT THERAPY (HRT) INTAKE STAMP

CLIENT SEEN BY CSW – TRANS HEALTH FOR INTAKE

- Provide an overview of the Community Support Worker (CSW) Role.
- Explain confidentiality and the duty to report.
(Confidentiality can only be breached if a client discloses a risk of harm to themselves, a risk of harm to others, if their records are subpoenaed by the courts, or if there are allegations of professional misconduct)
- Ensure client has provided consent for the CCHC Virtual care agreement. Review if necessary.

INDIVIDUAL HISTORY

- 1. Are you pursuing estrogen-based or testosterone-based Hormone Replacement Therapy?**
- 2. Are you currently being followed by a Primary Care Provider/Family Doctor? If so, are they able to provide support for HRT maintenance?**
(Discuss with client program scope and intent to discharge to PCP following HRT initiation)
- 3. Coming into our program, are there any things we can do to make the experience more comfortable and accessible?**
(Where appropriate, use self-disclosure of own used accommodations such dimmer lights or fidget devices)
- 4. Is there any language that you are uncomfortable being used in a medical context?**
(Preface with notion that medical settings periodically require discussion around anatomy. Seeking clarity and client comfort in adapting to their preference)

MENTAL HEALTH

- **How would you rate your current mental health? Do you think you may benefit from access to additional mental health supports?**

(Discuss CCHC THC counselling support. If client requests access to counselling, complete Trans CSW Counselling Intake)

HORMONE REPLACEMENT THERAPY EXPLORATION

- **Would you like a referral to Ottawa Fertility Clinic?**
(Discuss OFC process and costs associated with fertility preservation)
- **What would you say is your main hope and goal of transitioning?**
- **Are there any primary changes/effects you are hoping to see?**
- **How long have you been thinking about taking this step?**
- **Are you aware of the costs of HRT? Do you have a plan in place for how you will pay for your medication?**

(Under 25/OHIP+? Coverage through work? Out-of-pocket? ODSP/OW?)

SUPPORTS

1. Can you tell me a bit more about your living situation?

(Living with family, pets, roommates, alone)

2. How has your social transition been?

(Querying to see to what extent client has come out, access to gender)

3. When you are going through a tough time, do you have supports in your life to help you?

(Family, partner(s), friends, therapist, counsellor)

4. Do you have any worries or concerns about taking this step? Do you think that there are any challenges you may face?

5. Are there any supports you would like to have throughout this process that we may be able to connect you to?

(Discuss gender journeys, Genderquest, and other applicable resources)

TRANSITION RELATED SURGERY EXPLORATION

• **Have you thought about any gender affirming surgeries?**

(If appropriate, discuss process for accessing ministry funding, as well as exploring surgical assessment support through CCHC THC)

OTHER NOTES

• **Do you have any questions about the process or anything we have discussed today?**

(Ensure client has access to writer's contact information [both phone and email])