Treasury Health

MEDICAL CENTRE & PHARMACY

2896 Dundas St. W, Toronto, ON
647-977-5447
treasuryhealth.ca

Gender Affirming Care — Referral Form

To be completed by the referring provider and patient prior to consultation

18+ — Adult Patients Only

This referral form is for **adult patients aged 18 years and older**. Treasury Health does not provide gender affirming care for patients under the age of 18. Pediatric and adolescent referrals should be directed to an appropriate specialized centre.

■ IMPORTANT: Patient De-Rostering Required

Dr. Latsky is a family physician. In order to be seen for gender affirming care at Treasury Health, the patient **must be de-rostered from their current family physician** prior to the initial consultation. If the patient is not de-rostered, the **referring provider's practice may be charged by OHIP**. Please ensure the patient's current provider has completed the de-rostering process before submitting this referral.

Instructions for Referring Provider: Please complete Section 1 (Referring Provider & Bloodwork) and provide the remaining sections to your patient for self-completion. Attach all baseline bloodwork results to this referral. Please fax or send the completed form along with lab results to Treasury Health. The patient sections contain sensitive, personal questions — please ensure the patient is given a private setting to complete them.

1 Referring Provider Information

Provider Name *

CPSO / License Number

Clinic Name

Phone / Fax

Billing Number *

Date of Referral

Reason for Referral / Clinical Notes

Clinic Stamp

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Required Baseline Bloodwork

*The following baseline labs are required with this referral. Please check each test that has been completed and **attach the lab results** to this form.*

[ ] Testosterone (total)
[ ] Estradiol (E2)
[ ] Renal Function (Creatinine, eGFR)
[ ] Liver Function (ALT, AST, ALP, Bilirubin)
[ ] Lipid Panel (Total Cholesterol, LDL, HDL, Triglycerides)
[ ] CBC (Complete Blood Count)

[ ] Lab results are attached to this referral

Date bloodwork drawn

2 Demographics

Legal Name *

Date of Birth *

Health Card Number (OHIP)

Phone Number *

Email Address

Address

What is your preferred name? *

What are your preferred pronouns? *

( ) He / Him
( ) She / Her
( ) They / Them
( ) Other: _____

Can you let me know how you identify at this time? *

Select all that apply

[ ] Transgender woman
[ ] Transgender man
[ ] Non-binary
[ ] Genderqueer
[ ] Genderfluid
[ ] Two-Spirit
[ ] Agender
[ ] Questioning

Other / prefer to self-describe:

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3 Your Gender Journey

A note from Dr. Latsky: The following questions help me understand your unique experience so I can provide you with the most thoughtful and personalized care. There are no right or wrong answers — take your time, and share what feels comfortable.

Even if you did not understand what this meant at the time, when did you start feeling gender incongruent? *

For example: age, life stage, or a particular memory

Have you socially come out yet? *

( ) Yes, fully ( ) Yes, to some people ( ) No, not yet

Please select if you have any of the below diagnoses

Select all that apply — this information remains confidential and helps guide safe care

[ ] Depression [ ] Anxiety [ ] PTSD [ ] Bipolar Disorder

[ ] ADHD [ ] Eating Disorder [ ] OCD [ ] Autism Spectrum

[ ] Substance Use [ ] None of the above

Other (please specify):

Have you ever been assaulted or abused in your lifetime? *

This is asked with care and compassion — your safety and wellbeing are a priority

( ) Yes ( ) No ( ) Prefer not to answer

Have you been on HRT (hormones) before? *

Select "No" if this does not apply to you

( ) Yes ( ) No

If yes — type, duration, prescriber, reason for stopping if applicable:

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Do you have a good support network? *

( ) Yes ( ) Somewhat ( ) No

Are you currently engaged in therapy? *

( ) Yes ( ) No, but I would like to be ( ) No

4 Organ Inventory

We need to do something called an organ inventory — this helps me as a doctor take care of your body how it is at this point in time. Please select from the following list the organs you **currently have**.

[ ] Breasts / Chest tissue	[ ] Uterus
[ ] Ovaries	[ ] Cervix
[ ] Vagina	[ ] Testes
[ ] Penis	[ ] Prostate
[ ] Adam's apple (thyroid cartilage)	[ ] Fallopian tubes

Other / additional notes about surgical history:

5 Your Goals

Gender affirming care is an art, and I need to understand some goals you have. Please list some areas of improvement you feel need to be addressed, goals for the future, or things that bother you. **You can also say that you are at goal at this time!**

What are your goals for gender affirming care?

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Is there anything else you would like Dr. Latsky to know before your first visit?

6 AI Scribe Consent (Heidi Health)

At Treasury Health, we use **Heidi**, an AI-powered clinical scribe, to assist with documentation during your appointment. Heidi listens to the conversation and generates clinical notes so that Dr. Latsky can focus more on you and less on paperwork. **No audio is stored** — only the resulting clinical note is saved to your medical record. You have the right to opt out at any time without any impact on your care.

[ ] **I consent** to the use of the Heidi AI scribe during my appointments at Treasury Health.

[ ] **I do NOT consent** — I prefer that the AI scribe not be used during my appointments.