

Gender-affirming (genital) surgery: Annual review



Your contact details

Name	Date of birth	Ethnicity
Address (street number and name)		
Suburb	City	Post code
Email	Preferred method of contact (select one)	
	Email*	Post
* Every effort will be made to prevent unauthorised release of information, however email remains less secure than post.		
Phone (mobile)	Phone (other)	
GP name/practice		

Other contact person (optional)

Name	Relationship
Email	Phone

General

Do you still wish to proceed with gender affirming surgery?	Yes	No	Not sure
Comment			

If **No**, we will remove you from the waiting list. You have 12 months to let us know if you change your mind.
If **Unsure**, we recommend you discuss this with your doctor.

What is your:

Height (cm)	Weight (kg)	BMI#
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#Calculate your BMI at heartfoundation.org.nz/wellbeing/bmi-calculator

If your BMI is above 30 contact your doctor to discuss weight loss. A Green Prescription might be right for you.

Find out more at: health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions

Do you smoke (cigarettes and vaping)?	Yes	No
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You need to have stopped smoking before you can have surgery. Contact your doctor or Quitline for help to stop smoking quit.org.nz/

Do you have any new health conditions? (Please describe)

What medicine are you taking?

Have you started hair removal in the past six months? (eg, facial/full body)	Yes	No
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Comment

Have you had a psychological readiness assessment in the past 6 months?	Yes	No
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If yes, where did the assessment take place?

What date did the assessment take place?

Comment

Privacy statement

This information is collected and held by the Ministry of Health and shared with the Service Provider to assess the suitability of candidates for a First Specialist Assessment for this complex surgery. The information is used by the Ministry of Health (and any contractors acting as an agent of the Ministry of Health) to manage the wait list for Gender Affirming (Genital) Surgery.

You have the right to access and ask the Ministry of Health to correct any of your personal information provided in connection with an application to undergo Gender Affirming Surgery. If you wish to do so, please contact gender.surgery@health.govt.nz.

This information is collected, used and disclosed (if applicable) in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020.

We take the safety of people on the waiting list and our staff very seriously. Please note that any threat of self-harm or serious threat to the health or safety of any Ministry of Health staff member may result in disclosure of the relevant information to the New Zealand Police.

Signature

Please sign and return this form.

It is very important that this form is returned if you wish to proceed with surgery.

Signature

Date

Email the completed form to: gender.surgery@health.govt.nz OR

Post to: System Flow, DHB Performance and Engagement, Ministry of Health, PO Box 5013, Wellington 6140