

Gender-affirming (genital) surgery: Health and wellbeing



Your contact details

Name	Date of birth	Ethnicity
Address (street number and name)		
Suburb	City	Post code
Email		
What is your 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 go ahead with gender affirming surgery?	Yes	No	Not sure
Are you still eligible for publicly funded health care in New Zealand?*	Yes	No	Not sure
You will be asked for proof of eligibility before treatment. Find out more about eligibility at health.govt.nz/eligibility			
Do you have a community services card?	Yes	No	
Have you had a psychological readiness assessment?	Yes	No	Not sure
If Yes, when was it?	Where was it?		
Have you had hair removal?	Yes	No	
If Yes, please describe (eg, facial/full body)			

Health and wellbeing

Height (cm)

Weight (kg)

BMI

Calculate your BMI at heartfoundation.org.nz/wellbeing/bmi-calculator

Do you smoke (cigarettes or vaping)? Yes No If Yes how many or how often per day?

Do you drink alcohol? Yes No If Yes how many units per week?

Do you use recreational drugs? Yes No

If yes, what drugs?

What is your level of fitness?

Do you have a physical disability? Yes No

Please describe

Do you easily get out of breath when you do exercise? Yes No

Please describe

Do you get breathless when you are lying down? Yes No

If yes, how many pillows do you use to sleep comfortably, or in what position do you sleep comfortably?

Do you snore, or have obstructive sleep apnoea? Yes No

If yes, do you use a CPAP machine at home? Yes No

Do you have any of the following medical conditions?

High blood pressure Yes No

Please describe

Transmissible diseases Yes No

Please describe

Allergies (if yes, what are you allergic to?) Yes No

Please describe

Kidney or liver disease Yes No

Please describe

Diabetes (if yes, what is your most recent HbA1c/blood sugar test result?) Yes No

Please describe

History of cancer Yes No

Please describe

Heart condition (irregular heartbeat, angina, heart attack, cardiac stents, valve disease or cardiac surgery) Yes No

Please describe

Respiratory conditions (eg, asthma, tuberculosis, COPD) Yes No

Please describe

Nervous system conditions (eg, stroke, epilepsy, Parkinson's) Yes No

Please describe

Chronic pain (eg, frequent headaches, nerve damage pain, arthritis) Please describe	Yes	No
Inflammatory, connective tissue or rheumatological conditions (eg, rheumatoid arthritis, lupus, scleroderma, gout, Marfan syndrome) Please describe	Yes	No
Blood disorders (blood clots, anaemia, transfusion problems) Please describe	Yes	No
Do you have any implanted devices (drug delivery pump, cardiac pacemaker, nerve stimulator) Please describe	Yes	No
Have you been prescribed steroid pills in the past six months? Please describe	Yes	No
Are you on any anticoagulation medication? (eg, thromboembolism) Please describe	Yes	No
Please list any medicine you are taking		

Please list the operations you've had

What

When

Is there anything else you can tell us about your health that may be relevant?

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

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