

Gender-affirming (genital) surgery: Patient referral

This form applies only to gender-affirming (genital) surgery.

Read the notes on page 3 for information on the scope of service and eligibility.

Patient's details

First name/s

Last name

NHI number

Date of birth

Ethnicity (see note 4)

Address (street number and name)

City

Post code

DHB

Phone

Email

Name of GP or practice

Eligible for publicly funded treatment in New Zealand (see note 5)

Yes

No

Not sure

Referrer information

Name

Consultation by

DHB

GP

Private

Your specialty

Referring DHB

Email

Phone number

Fax

Address if not DHB

Clinical information

Procedure (select one)

Male to female

Female to male

Meets WPATH criteria (see note 6)

Yes

No

Patients

Height (cm)

Weight (kg)

BMI

Do they smoke? Yes No

Do they vape? Yes No

Vape nicotine? Yes No

Date of psychological readiness assessment (see note 7)

Provider

Previous gender-affirming procedures (see note 8)

Current and past medical conditions (see note 9)

Please attach related clinical and patient notes.

Medicines

Signature

Please sign and return this form.

Signature

Date

Attach a completed health and wellbeing questionnaire to this form and

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

Notes:

1. **Gender-affirming surgery:** this application form ONLY applies to gender affirming **genital** feminising or masculinising surgery. Direct referrals for other gender affirming surgery to the appropriate DHB provider.
2. **Health and wellbeing questionnaire:** Patients seeking gender-affirming genital surgery need to be fit for a complex surgical procedure and anaesthetic. Please submit a health and wellbeing questionnaire with this referral. Patients will be asked to complete this questionnaire every six months while waiting. Encourage patients to make changes to their health, such as weight loss or smoking cessation.
3. **Patient's details:** This should be the best way to contact a patient and the least likely to change.
4. **Ethnicity:** Provide the ethnicity as self-reported by the patient. The patient may select more than one ethnic group.
5. **Eligibility:** The following people are eligible:
 - a. New Zealand Resident Class Visa Holders
 - b. New Zealand citizens (including those from the Cook Islands, Niue or Tokelau)
 - c. Australian citizens or permanent residents who have lived, or intend to live, in New Zealand for two years or more
 - d. work visa holders eligible to be in New Zealand for two years or more
 - e. people aged 17 years or younger, in the care and control of an eligible parent, legal guardian, adopting parent or person applying to be their legal guardian
 - f. interim visa holders
 - g. New Zealand Aid Programme students receiving Official Development Assistance (ODA) funding
 - h. commonwealth scholarship students
 - i. foreign language teaching assistants
 - j. refugees and protected persons, applicants and appellants for refugee and protection status and victims of people trafficking offences.

More information on eligibility is at: health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services.

6. **Clinical criteria declaration:** The patient must meet the internationally agreed criteria for genital reconstruction (WPATH SOC v7 2011):
 - a. persistent, well-documented gender dysphoria
 - b. capacity to make a fully informed decision and to consent for treatment
 - c. age 18 years or older
 - d. if significant medical or mental health concerns are present they must be well controlled
 - e. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual)
 - f. 12 continuous months of living in a gender role that is congruent with their gender identity.
7. **Readiness assessment:** At least one satisfactory readiness assessment for transgender medical care from an appropriately experienced mental health practitioner.
8. **Previous gender-affirming procedures:** Please list completed gender-affirming procedures completed, including where and when. These may include a mastectomy, breast augmentation or surgery on reproductive organs). Please note here if the patient is being referred for a revision of a prior gender-affirming genital procedure.
9. **Medical conditions:** Please describe medical conditions or history that may affect the patient's fitness or suitability for surgery, particularly:
 - a. smoking status – smoking of any form (cigarette, vaping or cannabis)
 - b. weight or BMI
 - c. high blood pressure
 - d. a heart condition or heart surgery
 - e. asthma, lung problems, chronic lung condition or shortness of breath
 - f. stroke or TIAs
 - g. treatment for cancer
 - h. diabetes
 - i. liver or kidney problems
 - j. blood clots, bleeding conditions or anaemia
 - k. infectious conditions.