APPENDIX F:

preventive care checklist for transmasculine patients

For annual health assessments of transmasculine patients, applying to patients who were assigned female at birth and have a gender identity that is male or on the masculine spectrum, who may or may not have accessed hormonal and/or surgical treatments for gender dysphoria/ gender incongruence.

Prepared by: Dr. A. Bourns · Adapted from the Preventive Care Checklist Form © 2016

(see Ridley, J, Ischayek, A., Dubey, V., Iglar, K., Adult health Checkup: Update on the Preventive Care Checklist Form© Canadian Family Physician, 2016 Apr; 62:307-313)

Please note: **Bold** = transgender-specific considerations, see Explanation Sheet for detailed recommendations

Unbolded items should be followed according to the most recent update to the original Preventive Care Checklist©

IDENTIFYING DATA:

Name:_____

Tel:_____

DOB:_____

Age:_____

Date of Examination:_____

MEDICAL TRANSITION HISTORY:

Testosterone:	○ Yes	○ No
If Yes, Start Date:_____		
Chest Reconstruction:	○ Yes	○ No
TAH:	○ Yes	○ No
BSO:	○ Yes	○ No

Genital Reconstruction

Clitoral Release:	○ Yes	○ No
Meta:	○ Yes	○ No
Phallo:	○ Yes	○ No

CURRENT CONCERNS

LIFESTYLE/HABITS/PSYCHOSOCIAL:

Diet:_____

- Fat/Cholesterol_____
- Fibre_____
- **Calcium**_____
- Sodium_____
- Exercise:_____

Work/Education:_____

Poverty:_____

Social supports:_____

- Family:_____
- Relationships:_____

Sexual History:_____

Family Planning/Contraception:_____

Name change/identification:_____

Sleep:_____

Smoking:_____

Alcohol:_____

Safe Guidelines ≤10/week, ≤2/day

Drugs:_____

MENTAL HEALTH

Screen for:

Depression	○ Positive	○ Negative
Suicidal Ideation	○ Positive	○ Negative
Self-harm	○ Positive	○ Negative
Anxiety	○ Positive	○ Negative
Persistent Gender Dysphoria	○ Positive	○ Negative
Experiences/Impacts of transphobia	○ Positive	○ Negative

UPDATE CUMULATIVE PATIENT PROFILE

- ☐ Family History
- ☐ Medications
- ☐ Hospitalizations/Surgeries
- ☐ Allergies

FUNCTIONAL INQUIRY

	Normal	Remarks:
HEENT:	☐	_____
CVS:	☐	_____
Resp:	☐	_____
Chest:	☐	_____
GI:	☐	_____
GU/PV bleeding:	☐	_____
Sexual Function:	☐	_____
MSK:	☐	_____
Neuro:	☐	_____
Derm:	☐	_____
Constitutional Sx:	☐	_____

PHYSICAL EXAMINATION:

Physical examination, as required, taking into consideration pre-existing conditions and presenting complaints

BP _____ HT _____

WT _____ BMI _____

☐ Or See EMR Vitals

May include:

Chest _____

Pelvic/pap _____

Ano-rectum _____

Derm _____

EDUCATION/COUNSELLING

Behavioural

- ☐ adverse nutritional habits
- ☐ dietary advice on fat/cholesterol
- ☐ **adequate calcium intake (1200 mg daily diet + supp)**
- ☐ **adequate vitamin D (1000 IU daily)**
- ☐ **hormone adherence**
- ☐ **regular, moderate physical activity**
- ☐ avoid sun exposure, use protective clothing
- ☐ **safe sex practices/STI counselling/PrEP indications**
- ☐ **review potential for pregnancy/ assess need for birth control**
- ☐ **assess need for folic acid** (0.4-0.8 mg)

Overweight (BMI 25-29) or Obese (BMI 30-39)

- ☐ Overweight (BMI 25-29)
- ☐ Obese (BMI 30-39)
  - ☐ structured behavioural interventions for weight loss
  - ☐ **screen for mental health contributors**
  - ☐ multidisciplinary approach

Underweight

- ☐ **Underweight (BMI<18)**
  - ☐ **screen for eating disorders**

Smoking

- ☐ smoking cessation
- ☐ nicotine replacement therapy/other medications
- ☐ dietary advice on fruits and green leafy vegetables
- ☐ referral to validated smoking cessation program

Alcohol & other substances

- ☐ case finding for problematic substance use
- ☐ counselling for problematic substance use
- ☐ **referral for substance abuse treatment**
- ☐ **provide naloxone kit if indicated**

Elderly

- ☐ cognitive assessment (if concerns)
- ☐ fall assessment (if history of falls)
- ☐ **advanced care planning**

Oral hygeine

- ☐ brushing/flossing teeth
- ☐ fluoride (toothpaste/supplement)
- ☐ tooth scaling and prophylaxis
- ☐ smoking cessation

Personal safety

- ☐ hearing protection
- ☐ noise control programs
- ☐ seat belts
- ☐ **injection safety**
- ☐ **bathroom safety**

Parents with children

- ☐ poison control prevention
- ☐ smoke detectors
- ☐ non-flammable sleepwear
- ☐ hot water thermostat settings (<54°C)

LABS / INVESTIGATIONS

≤64 YEARS	≥65 YEARS
☐ Mammography (q2 yrs age 50-74 if no chest reconstruction)	☐ Mammography (q2 yrs age 50-74 if no chest reconstruction)
☐ **Cervical cytology** (q3 yrs if ever sexually active and 21-69 yrs)	☐ **Cervical cytology** (q3 yrs if ever sexually active and up to 69 yrs)
☐ Fecal immunochemical test (FIT) (age 50-64 q2 yrs)	☐ Fecal immunochemical test (FIT) (up to 74 yrs q2 yrs)
OR ☐ Sigmoidoscopy OR ☐ Colonoscopy	OR ☐ Sigmoidoscopy OR ☐ Colonoscopy
☐ **GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)**	☐ **GC/CT/Syphilis/HIV/HBV/HCV screen (high risk)**
☐ **Bone Mineral Density if at risk**	☐ Bone Mineral Density
	☐ Audioscope (or inquire/whispered voice test)
Consider Anal Pap if history of receptive anal sex, q2-3 yrs or yearly if HIV+ (age range not defined)	

ANNUAL TRANS BLOODWORK (ALL AGES, ASSUMING 12 MONTHS ON HORMONE THERAPY)

Lab Test	Indication
☐ CBC*	yearly
☐ ALT+/-AST	per provider discretion
☐ Total testosterone	yearly
☐ LH	yearly if agonadal
☐ Lipid Profile	at 12 mos, then per routine guidelines
☐ Hba1c or FPG	at 12 mos, then per routine guidelines

*use male reference range for ULN Hb/Hct

IMMUNIZATIONS

≤64 YEARS	≥65 YEARS
☐ Tetanus vaccine q10 yrs	☐ Tetanus vaccine q10 yrs
☐ Influenza vaccine q1 yr	☐ Influenza vaccine q1 yr
☐ Acellular pertussis vaccine	☐ Pneumococcal vaccine
☐ Varicella vaccine (2 doses)	☐ Acellular pertussis vaccine
☐ **Human papillomavirus vaccine (consider up to age 45 yrs, publicly covered** ≤26 yrs if sexually active with MSM)	☐ Varicella vaccine (2 doses)
☐ Measles/mumps/rubella vaccine	☐ Herpes zoster vaccine (publicly covered 65-70yrs)
☐ Meningococcal vaccine	
☐ Herpes zoster vaccine (consider ≥60 yrs)	
☐ **Hepatitis A/Hepatitis B** ☐ **Hep A immunity** ☐ **Hep B immunity**	

ASSESSMENT AND PLANS