

Transgender Medicine Topic Questionnaire/Guide

We want you to get as much as possible out of your question-and-answer video. The questions listed below will help us to better answer your question and apply our knowledge to your particular situation. The more detail that you can give, the better quality of information that we can provide.

*****Disclaimer:** These video answers are not official medical advice. They do not convey any type of provider/patient relationship. We are not able to prescribe or otherwise medically treat you through these types of question-and-answer videos. The advice given will be applicable to the information that you give, but voiced in a general manner so as not to be construed as official medical prescribing/treatment/advice***

-If part of the answer that we give is unclear and needs clarification, you are entitled to ask for clarification of a particular point. However, clarification will be brief and in typed out format. We unfortunately do not have time to engage in a continuous back-and-forth dialogue that could potentially lead to other topics being discussed. That would require signing up for another video question-and-answer service.

-We try to answer/record our responses in a timely manner. But response times can vary based on demand. We typically try to upload a video answer within 72 hours of receiving payment.

-If you are not a fluent English speaker, let us know and we will do our best to speak in more simple English during your answer video.

-If you are deaf, let us know and we can type out our answer instead.

Questions (be as detailed as you can when you answer)

- 1) What first name would you like us to address you with in the video? And what pronouns?
- 2) What gender did they assign to you at birth?
- 3) How do you define your gender now (male, female, trans female, trans male, femme, mass, nonbinary, gender, gender fluid, demi boy/girl, etc)?
- 4) How old are you (can just give an approximate age if not comfortable revealing exact age).
- 5) Are you on hormone therapy?
- 6) If not on hormone therapy, have you ever been on it before? When and for how long?
- 7) If you are on hormone therapy, what do you take? Please give the names, doses, how you take it (pills/patches/injection), and how frequently you take it.
- 8) If on hormone therapy, how long have you been on it?
- 9) If on hormone therapy, tell us about your hormone history (have you been on different medications before than you are now, ever had any problems with any type of hormone medication in the past, etc).
- 10) If on hormone therapy, is it prescribed by a healthcare provider of some sort? Or are you DIY (doing it yourself)?
- 11) Do you have any other health issues (high blood pressure, diabetes, stroke, etc)?
- 12) Do you smoke tobacco products? Or Vape?
- 13) Any illegal drug use?
- 14) How is your support system (significant other, parents, siblings, friends, coworkers, etc)?
- 15) Do you still have all of your reproductive organs (ovaries, testicles, etc)?
- 16) Have you ever had any type of gender affirming surgery? When and what type?

*You can attach images or documents of labs/records with your email as well if you are wanting us to review medical records or otherwise.