

Trans Inclusive Supplemental Intake Form

PLEASE COMPLETE THIS TO THE BEST OF YOUR ABILITY AND COMFORT, IF IT IS APPLICABLE TO YOU.

If you have an actual name that is different from your legal name, what is your actual name?

ENTER RESPONSE

What is your gender identity and what are your pronouns? (e.g., I am a trans man, he/him/his; or I am nonbinary, ze/zir/zirs)

ENTER RESPONSE

When did you first realize you were genderqueer, gender expansive, &/or trans?

ENTER RESPONSE

Who supports you in your gender journey (e.g.: parent, partner, friends, support group)?

ENTER RESPONSE

What steps have you taken in your gender journey?
Please write in the date or age the step occurred.

- Came out to family
- Came out to friends
- Came out publicly
- Changed name socially
- Changed name legally
- Changed pronouns
- Changed sex marker legally
- Puberty blockers
- Hormone replacement therapy
- Gender affirming voice therapy
- Top gender-affirming surgery
- Bottom gender-affirming surgery
- Gender-affirming facial surgery
- Other

ENTER DATE OR AGE

What gender affirming steps do you want to take in the future?

- Come out to family
- Come out to friends
- Come out publicly
- Change name socially
- Change name legally
- Change pronouns
- Change sex marker legally
- Hormone replacement therapy
- Gender affirming voice therapy
- Top gender-affirming surgery
- Bottom gender-affirming surgery
- Gender-affirming facial surgery

Other

ENTER OTHER

If you have previously seen or are seeing another professional about your gender identity &/or transition please describe (e.g.: current doctor at Health Clinic for starting HRT, previous therapist at Counseling Clinic for gender exploration)?

ENTER RESPONSE

Is there anything else you want your provider to know about your gender journey?

ENTER RESPONSE