



GAHT Readiness Assessment Checklist	
<p>PATIENT HISTORY</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss the rationale for assessment period: Establish rapport <input type="checkbox"/> Ensure optimal readiness <input type="checkbox"/> Ensure patient has all information they need to start GAHT <input type="checkbox"/> General medical intake & medical history
<p>BASELINE DATA</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Vitals (incl. BP, T, HR, Ht, Wt, Waist & Abdo circ.) <input type="checkbox"/> Focused Physical Exam <input type="checkbox"/> Blood work <input type="checkbox"/> Health screening commensurate to age & risk profile
<p>PATIENT EDUCATION, READINESS AND SUPPORTS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Allow patient to articulate their transition goals <input type="checkbox"/> Ensure patient expresses reasonable expectations <ul style="list-style-type: none"> ○ Patient understands timeline of changes ○ Patient understands limitations of GAHT <input type="checkbox"/> Discuss effects on fertility and options available for preservation^a (see Part 6: Sexual Health and Reproduction) <ul style="list-style-type: none"> ○ Discuss pregnancy risk and options for contraception & implement these if needed <input type="checkbox"/> Discuss psychosocial readiness <ul style="list-style-type: none"> ○ Ensure supports are in place to facilitate healthy adjustment ○ Refer to psychological support/counselling if necessary (see Referrals to Mental Health Care) ○ Review potential costs (e.g. medication, hair removal, fertility)



	<input type="checkbox"/> Discuss risks, side effects, potential benefits and expected changes (reversible vs. irreversible) associated with treatment and ensure patient demonstrates understanding <input type="checkbox"/> Ensure patient possesses capacity to consent (see Informed Consent Model) <input type="checkbox"/> Review medication options/treatment routes
RISK MANAGEMENT	<input type="checkbox"/> Ensure absence of absolute contraindications <input type="checkbox"/> Optimally manage precautions <input type="checkbox"/> Manage psychiatric comorbidity, if present <input type="checkbox"/> If smoker, advise smoking cessation counselling ^b
DIFFERENTIAL DIAGNOSIS	<input type="checkbox"/> Rule out other possible diagnoses (i.e. psychiatric disorders that could mimic gender dysphoria such as psychotic or dissociative disorders) <input type="checkbox"/> Ensure patient meets DSM Criteria for Gender Dysphoria <input type="checkbox"/> No evidence of Intersex condition (e.g. ambiguous genitalia, abnormal baseline hormone profile) See Intersex Considerations
NEXT STEPS	<input type="checkbox"/> Choose initial hormone regimen <input type="checkbox"/> Patient signs Consent Form (Estrogen/Testosterone Blocker Form , Testosterone Form , Progesterone Form) <input type="checkbox"/> Discuss interest in gender-affirming surgery <input type="checkbox"/> Offer support for changing patient’s sex designation on Government ID
<p>A. GAHT can impact an individual’s reproductive health, and they should be made aware of options and consequences before treatment begins. This is discussed in specific detail in Part 6: Sexual Health and Reproduction.</p> <p>B. Smoking cessation is recommended for individuals looking to start hormones due to increased health risks of smoking tobacco products while on hormones (e.g., blood clots, heart attacks, strokes, diabetes, and cancer). In addition, most gender-affirming surgeries require that an individual stop or restrict smoking to access surgery. Currently, there is not enough research on the effects of smoking cannabis while on estrogen- or testosterone-based hormones. However, patients will be required to stop or restrict smoking cannabis to undergo surgery.</p>	



