

## Clinicians TransHub Resource Pack



Resource	Link	Audience	Description
New Client Registration Form	<a href="https://transhub.org.au/s/TH_Affirming-intake-form.pdf">transhub.org.au/s/TH_Affirming-intake-form.pdf</a> [PDF opens]	Clinicians	An inclusive registration/intake form template
10 Tips for Clinicians Working with Trans and Gender Diverse People	<a href="https://transhub.org.au/s/FactSheet_10Tips.pdf">transhub.org.au/s/FactSheet_10Tips.pdf</a> [PDF opens]	Clinicians	A factsheet to support inclusive and affirming practice with trans clients and patients
10 Questions to Ask a Doctor	<a href="https://transhub.org.au/s/FactSheet_10Questions.pdf">transhub.org.au/s/FactSheet_10Questions.pdf</a> [PDF opens]	Community	A factsheet with 10 questions and details for finding trans affirming health professionals
Doctor letter: Affirm name and pronouns	<a href="https://transhub.org.au/s/TH_Update-details-letter.docx">transhub.org.au/s/TH_Update-details-letter.docx</a> [Doc downloads]	Community	A template letter for a trans person to affirm their name and language
Doctor letter: Starting hormones	<a href="https://transhub.org.au/s/TH_Starting-hormones-letter.docx">transhub.org.au/s/TH_Starting-hormones-letter.docx</a> [Doc downloads]	Community	A template letter for a trans person to request starting a hormone regimen.
Doctor letter: Continuing hormones	<a href="https://transhub.org.au/s/TH_Continuing-hormones-letter.docx">transhub.org.au/s/TH_Continuing-hormones-letter.docx</a> [Doc downloads]	Community	A template letter for a trans person to request continuation an existing hormone regimen
Letter template: Gender confirmation statement from medical practitioner	<a href="https://transhub.org.au/s/TH_Statement-to-certify-gender.docx">transhub.org.au/s/TH_Statement-to-certify-gender.docx</a> [Doc downloads]	Clinicians	A template letter for medical practitioners to write in support of gender confirmation.
Words Matter: A guide to talking about the trans people in your life	<a href="https://transhub.org.au/s/Brochure_WordsMatter.pdf">transhub.org.au/s/Brochure_WordsMatter.pdf</a> [PDF opens]	Allies	A factsheet to support allies talk about their trans family, friends, and patients.
GP Management Plan (GPMP): Feminising Gender Affirmation	<a href="https://transhub.org.au/s/TransHub-forms_feminising_final.pdf">transhub.org.au/s/TransHub-forms_feminising_final.pdf</a> [PDF opens]	Clinicians	A template GPMP for use by GPs providing feminising gender affirming care for trans women and non-binary people presumed male at birth
GP Management Plan (GPMP): Masculinising Gender Affirmation	<a href="https://transhub.org.au/s/TransHub-forms_masculinising_final.pdf">transhub.org.au/s/TransHub-forms_masculinising_final.pdf</a> [PDF opens]	Clinicians	A template GPMP for use by GPs providing masculinising gender affirming care for trans men and non-binary people presumed female at birth

**Further information and resources available at:**

[www.transhub.org.au](https://www.transhub.org.au)



# NEW CLIENT REGISTRATION FORM

We welcome, celebrate and respect diversity.  
We will always use your preferred name.

TEMPLATE

Title Miss Ms Mrs Mr Mx Dr N/A Other

Preferred name Last name

Name listed on Medicare Card Date of birth / /

Gender Female Male Non-binary Different identity (specify)

(Optional) What was listed on your first birth certificate? Female Male

(Optional) What are your pronouns? She He They Other (specify)

(Optional) I use different words to describe my body Yes (specify)

Sexual orientation Heterosexual Gay/Lesbian Bisexual Queer Prefer not to disclose  
Different identity (specify)

Country of birth

Preferred language

Do you require an interpreter? Yes No

If Yes, language required

Indigenous status

Aboriginal Torres Strait Islander

Aboriginal/Torres Strait Islander

Non-Indigenous Prefer not to disclose

Address

Postal address

City/Suburb Postcode

City/Suburb Postcode

Contact # Work # Email

Pension/Benefit type

Aged Pension  
Care Payment/Pension  
Dept Veterans Affairs Pension Gold White  
Disability Support Pension  
Other government pension/benefit  
Unemployment-related benefits  
No government pension/benefit  
Health Care Card holder

I consent to being contacted with reminders Yes No

Gender listed with Medicare M F X

Medicare number

Ref # Expiry /

Pension/Benefit number

Expiry /

Next of kin

Name  
Relationship  
Phone

Emergency contact

Name  
Relationship  
Phone



HEALTH & GENDER AFFIRMATION IN NSW



HERE FOR HEALTH

# 10 tips for clinicians working with trans & gender diverse people

Trans and gender diverse (TGD) people need access to the same high-quality healthcare as everyone else, even if our clinical needs may differ sometimes from those of our cisgender peers.

Though TGD people report experiencing high levels of discrimination within healthcare settings, we know that many health professionals working alongside TGD people really want to be inclusive and affirming, and so the following tips have been developed to offer guidance that will strengthen this work.

## 1. **Ask, don't assume**

Just because someone 'looks like' a particular gender doesn't mean we identify that way. Ask what name and pronoun we use, note our name and pronouns on intake forms, and use it consistently.

It's good practice to introduce yourself with your name and pronoun. It demonstrates that you're thinking and working inclusively, and you know that pronouns are universal.

## 2. **Often it's not even about gender**

Asking unnecessary questions about our bodies or genitals doesn't generally support the building of strong relationships with trans people. If you are treating a sprained arm, focus on the arm. Respect the privacy of the patient, and ensure that they are treated professionally and compassionately.

## 3. **Being inclusive takes some unlearning**

Describe people by features, rather than perceived gender. "The person in the blue coat" or "the patient with a red scarf" is more accurate than "that man over there".

## 4. **Affirming words empower people**

Many people, including trans people, can have complicated relationships with our bodies. Asking us what terms we prefer for our body and/or body parts, and then using those terms can help us feel empowered and affirmed.



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## 5. Stay trauma-informed

Remember that trans people are more likely to have been harassed, shamed, and even assaulted in healthcare settings, so ask permission before touching us and give clear information about any procedures that you need to perform.

We appreciate your safe, responsive and affirming treatment.

## 6. Three is a crowd

Don't bring additional personnel into the room without consent (including other doctors, medical students, or nursing staff). Treating trans people like case studies can feel like you are de-personalising, shaming, or harassing us.

## 7. Three ain't a crowd

Respect that trans people may prefer to bring a "safe person" or patient advocate into appointments.

If you have to deliver something where another person cannot be in the room, such as a domestic violence screening, be clear about why they will need to step outside for a moment.

## 8. Show you care

Seeing our lives represented and affirmed goes a long way toward helping us feel comfortable and welcome. Consider visible cues such as trans-specific literature and posters in your reception and clinic rooms. Download resources at [www.transhub.org.au](http://www.transhub.org.au)

## 9. Treat the individual

No gender affirmation is the same – medical affirmation is deeply personal. Some trans people don't undergo any medical affirmation, and some do; and medical affirmation may or may not include surgeries.

It's important to respect that our personal needs are medically necessary and critical to our health. Ask about our needs in a supportive, solution-focused manner.

## 10. Remembering person-centred care

In all work with trans people, focusing on person-centred care is critical; our needs and desires should direct treatment goals and methods.

Coordinating medical care with various specialties (such as endocrinologists and peer support) should be a priority, in order to effectively treat the whole person in an affirming, empowering manner.

For more information and resources, visit [www.transhub.org.au/clinicians](http://www.transhub.org.au/clinicians)

Adapted with permission from Rad Remedy [www.radremedy.org](http://www.radremedy.org)

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TransHub is a digital platform for trans and gender diverse people in NSW, their loved ones, allies and health providers.

It is an initiative of ACON, NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders.



# 10 trans questions to ask a doctor

The following questions may help you find a gender affirming doctor who is right for you. Ask as many, or as few, of these questions as you like.

A reception staff member, will generally take your call, and answer your questions. You can request to speak to or leave a message for a doctor if you would prefer.

You can also check their website to see if they include information on trans and gender diverse inclusion.

**1. Is there an inclusion or diversity policy, and does it explicitly include trans and gender diverse people?**

Sometimes a clinic will have a general policy that may not specifically address trans patients and our needs. A policy that speaks explicitly about trans people is a good sign they have done some work and training to make their services more inclusive.

**2. Is there a policy specifically about supporting gender affirming healthcare?**

It's a good idea to check if staff have supported someone to medically affirm their gender in the past and they know where to access peer and professional support when a patient seeks it.

**3. Have staff received trans awareness and inclusivity training, and is there ongoing training regarding the experiences and needs of trans patients?**

Check that this training is part of the induction of new staff and existing staff get regular professional development (ACON Pride Training can assist with this).

**4. Do your intake forms have options for people whose gender isn't male or female?**

This can help broach whether or not the clinic has thought about how trans people fit into their system, and may indicate that they will have trouble affirming you even if you are a binary gender.

One way you can test this is to check if the forms you have to complete recognise your gender identity. For example, if they have gender identity options such as male/female/non-binary.



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## 5. Can a recorded gender marker be changed in your system?

Although medical record systems aren't usually designed with the needs of the trans and gender diverse community in mind, keeping accurate and clear medical records, and ensuring there is flexibility for changes such as gender markers, names and pronouns, is an essential part of patient care.

## 6. Do you have any way of noting or changing a person's pronouns in your system, and does this include the use of neutral pronouns, like 'they' and 'them'?

Many services use software that doesn't have a specific space for pronouns, and so might use the notes section instead.

## 7. Do any other trans or gender diverse people access your service?

Knowing that other trans people attend isn't a guarantee that you will be supported but it may help. You needn't ask for details about individual clients.

## 8. Do your GPs prescribe gender affirming hormone therapy to trans patients? Do they use the Informed Consent Model or require an approval letter from a Psychiatrist?

Some GPs will initiate (start) hormones, and others will only continue them. Some GPs use the Informed Consent Model, and others will require a letter from a Psych and/or Endocrinologist. Knowing what service the GP provides, and if they provide hormonal affirmation at all, can help you make a decision about the service.

## 9. Is there an inclusive policy around employing staff from trans and gender diverse communities?

Having staff you can relate to and that understand your individual needs is important. Check if the service has a policy in place for positive inclusion of trans people within the staff group.

Is there a code of conduct for staff and patients that states discrimination and harassment of trans patients will not be tolerated? Anti-discrimination law makes it unlawful for any service in NSW to discriminate against people on the grounds of their 'transgender status'. The Federal Sex Discrimination Act has also made 'gender identity' a protected attribute.

## 10. Do you have brochures or other information from LGBTQ services available?

This might include brochures, posters, or information about services and events. This may also include linking you to specialist LGBTQ or trans health services, or mainstream services that are trans-affirming.

For more information & resources, visit  
[www.transhub.org.au/finding-a-doctor](http://www.transhub.org.au/finding-a-doctor)

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It is an initiative of ACON, NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders.





This letter is designed to be handed to the reception of your doctor / health professionals office, or directly to your doctor.

I have previously attended / am a new patient at this clinic and wanted to update you with some new information for my patient file.

This letter is to advise that I am a member of the trans and gender diverse community.

My gender is \_\_\_\_\_.

The name listed with Medicare is \_\_\_\_\_.  I would prefer not to write it down.

I use the name \_\_\_\_\_. My pronouns are \_\_\_\_\_.

I would appreciate you including a note on my patient file about my correct name and pronouns. I request that I am not known by the name listed on my Medicare card.

Please treat this information as private and confidential.

**When talking about my body:**

I prefer medical language / the terms \_\_\_\_\_ for my genitals; and  
medical language / the terms \_\_\_\_\_ for my chest.

I do / do not menstruate, and would prefer you to use the terms \_\_\_\_\_ for that.

If you have any questions, please discreetly let me know, but I'd prefer not talk about my gender identity out in the open.

Thank you,

\_\_\_\_\_

For more information, you can visit [transhub.org.au/clinicians](https://transhub.org.au/clinicians)



This letter is designed to be handed directly to your doctor.

I have previously attended / am a new patient at this clinic and wanted to let you know that I am wanting to **start** gender affirming hormones.

My gender is \_\_\_\_\_.

The name listed with Medicare is \_\_\_\_\_.  I would prefer not to write it down.

I use the name \_\_\_\_\_. My pronouns are \_\_\_\_\_.

I would appreciate you including a note on my patient file about my correct name and pronouns. I request that I am not known by the name listed on my Medicare card. Please treat this information as private and confidential.

I wish to start gender affirming masculinising / feminising hormones and would like to do so under your care. In NSW, GPs can initiate and prescribe hormones for trans and gender diverse patients, and there are guidelines for the provision of care available here:

[transhub.org.au/clinicians/hormones](http://transhub.org.au/clinicians/hormones)

**When talking about my body:**

I prefer medical language / the terms \_\_\_\_\_ for my genitals; and  
medical language / the terms \_\_\_\_\_ for my chest.

I do / do not menstruate, and would prefer you to use the terms \_\_\_\_\_ for that.

Thank you,

(Your name) \_\_\_\_\_





This letter is designed to be handed directly to your doctor.

This letter is to advise that I am a member of the trans and gender diverse community. I am a new patient at this clinic and wanted to let you know that I am seeking to continue my regimen of gender affirming hormones.

My gender is \_\_\_\_\_.

The name listed with Medicare is \_\_\_\_\_.  I would prefer not to write it down.

I use the name \_\_\_\_\_. My pronouns are \_\_\_\_\_.

I would appreciate you including a note on my patient file about my correct name and pronouns. I request that I am not known by the name listed on my Medicare card. Please treat this information as private and confidential.

I have been using gender affirming masculinising / feminising hormones since \_\_\_\_\_, and would like to continue doing so under your care. My hormone treatment regimen is currently:

Medication Name	Cycle	Dose

In NSW, GPs can manage hormonal treatment regimen for trans and gender diverse patients, and there are guidelines for the provision of care available here: [transhub.org.au/clinicians/hormones](http://transhub.org.au/clinicians/hormones)

**When talking about my body:**

I prefer medical language / the terms \_\_\_\_\_ for my genitals; and medical language / the terms \_\_\_\_\_ for my chest. I do / do not menstruate, and would prefer you to use the terms \_\_\_\_\_ for that.

Thank you,  
(Your name) \_\_\_\_\_





## Statement from a Registered Medical Practitioner or Registered Psychologist: Certification of Gender

This sample text is suggested for a statement from a Registered Medical Practitioner or Registered Psychologist (General registration) certifying the gender of a person.

There is no requirement that this statement be used to confirm the validity of a person's gender. Their gender is already valid.

### Registered Medical Practitioner/Psychologist letterhead (including full name and contact details)

I, <medical practitioner/psychologist's full name>, have a clinician/patient relationship with, and have treated, <name of patient> (OR have a clinician/patient relationship with <name of patient> and have reviewed and evaluated their history).

The gender of <Name of patient> is:                      female / male / non-binary

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Signature of Medical Practitioner / Psychologist  
Signature block of Medical Practitioner / Psychologist

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Registration number from the Medical Board of Australia or Psychology Board of Australia  
(or equivalent overseas authority)

Adapted from the Australian Government Guidelines on the Recognition of Sex and Gender (updated November 2015) – Appendix 1.



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# WORDS MATTER

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A guide to talking  
about the trans people  
in your life



## How to talk about the trans people in your life

When there are trans people in your life, whether they are your child or parent, your best friend, a colleague, or your partner, at some point, you'll probably want to talk about them with other people.

Talking about a trans person because they're cool, you love them, they have amazing hair, or told you a great joke is perfectly fine, but talking about the fact that they're trans, or sharing details about their gender affirmation can be a lot more complicated, and in some cases rude and harmful.

This resource explores how we can talk about the trans people in our lives in a way that affirms them and ensures that the parts of their lives that are private, stay private.







# ALLIES IN ACTION

## Talking about trans people generally

Before talking about any aspect of a trans person's identity, body, or gender affirmation, consider whether you need to.

A good question to ask yourself is if you'd take the same approach with a cis (non-trans) person in your life or perhaps if someone similarly questioned you – if that feels uncomfortable to you, it's probably going to feel uncomfortable for a trans person, too.

It is important to remember that a trans person's history or lived experience is not something to be disclosed without permission. If a trans person tells you they are trans it is because they trust you and hope you will honour that trust. If you've found out without their permission, there's no better time to show that you are the kind of person who can be trusted, by making sure it goes no further than you.

This can include sharing the gender someone was presumed to be at birth, the genitals they have or had, their old pronouns, or a previous name. While some trans people may be comfortable with this information being shared with others, others might find it disrespectful.

It can also be tempting to describe someone as your 'trans friend/colleague/brother', but unless you do the same about cis people, it's probably not relevant and could be harmful.

Talking about trans people in a historical context can be a tough one. It's always a good idea to use your trans person's correct name and pronouns, even when sharing a story from before they told you they were trans.

Your mind may project an image of them from the past, and you may suddenly find yourself stumbling over their name or pronouns. Try to avoid statements like 'I knew Jessica when she was Jim' – that's not your information to share. It can take some practice but just apologise and stick with it.

Don't hesitate to seek out counselling support, if you need it. You can talk as much as you like, about anyone in your life, with a therapist.

## Talking to trans people

Sometimes people feel uncomfortable talking to trans people because they are anxious they'll get something wrong or be offensive.

Generally, it's best to avoid asking about, or pointing out, information that could make any stranger or new friend feel uncomfortable, including asking if they're trans or about a previous name, any surgery they've had, or 'how long they've been trans for' (spoiler alert: forever). Instead, consider how you can phrase a question in a way that affirms them.

## Parents and carers

If you are the parent or carer of a trans person, it's important to affirm them when talking to others, including not sharing information that is private. This could mean disclosing to friends or family members when your child isn't ready for you to do so, or sharing information about how they're affirming, or planning to affirm, their gender without talking with them first. Before sharing anything private about your child it's important to have their permission.

Try to practice confidentiality and privacy every day when interacting and caring for your children.

This can include:

- Once a person has chosen a new name, do not disclose their old name without permission.
- When people ask about medical treatment, remember that your young person has a right to confidentiality and privacy, even if they are not undergoing any medical affirmation at all.
- It is the school's role to keep a student's affirmation story private, if the student so wishes. Sending letters home to other parents about your child only intrudes upon their right to privacy.

It can be really validating to ask for your young trans person's opinion on any decision-making about their life. Demonstrating that you're in this together can be profoundly meaningful.



## Being an ally is a verb

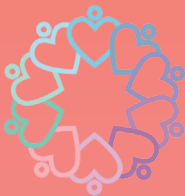
'Ally' is an action word. Allyship might sometimes look like doing research, advocating on behalf of someone, or being someone they can unwind and debrief with.

Sometimes this can also mean being the person that other people turn to for information, advice, or in some cases gossip, instead of talking directly with the trans person in your life. While it can be helpful to take on this burden of labour, it can also be overwhelming for close allies of trans people to field multiple questions and comments.

It can be helpful to share these experiences, especially if they are experiences of struggle, with a mental health professional, GP, counsellor, or peer support worker, they can help provide tools and support.

It's okay and important to find a balance between taking time for yourself, and using your position as an ally to support the trans people in your life.

**We appreciate you.**



Parents of  
Gender Diverse  
Children

This resource has been written in collaboration with Parents of Gender Diverse Children.

Parents of Gender Diverse Children offers peer support to parents and those parenting trans and gender diverse children. We know that parents who are well supported are better able to support their children. We believe that no matter your age – you will always be someone’s child – so we do not impose any age restrictions on the families that we support.

**03 9663 6733**

**[info@pgdc.org.au](mailto:info@pgdc.org.au)**

**[www.pgdc.org.au](http://www.pgdc.org.au)**

TransHub is ACON’s digital information and resource platform for all trans and gender diverse people in NSW, their loved ones, allies and health providers.

For more information and resources, visit:

**[www.transhub.org.au](http://www.transhub.org.au)**



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**GENDER AFFIRMING CARE MANAGEMENT PLAN - FEMINISING  
PREVENTATIVE HEALTH CARE PLAN  
TEAM CARE ARRANGEMENT**

**Important Note:  
Chronic Care Management Plans must be individualised for  
each patient to ensure Medicare compliance.**

GP Management Plans (721): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

Team Care Arrangements (723): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

Reviews (732): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

PATIENT DETAILS

ALLERGIES

No known allergies/adverse reactions.

GENDER DETAILS

GP

Gender identity: <insert gender>  
Gender presumed at birth: M  
Pronouns:

HISTORY LIST

*Inactive:*  
Date Condition -- Comment

MEDICATIONS

## GENDER AFFIRMING CARE MANAGEMENT PLAN TEMPLATE - REVIEW DUE:

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
<p>Gender incongruence - physical aspected (marked &amp; persistent incongru-ence between experienced &amp; as-signed gender)</p> <p><i>Reference: ICD-11 (Version 04/2019)</i></p>	<p>Affirmation of experienced gender through medical &amp;/or surgical treatment and supported social &amp;/or legal gender affirmation as desired</p>	<p>Other health care providers:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular review of goals for gender affirmation</li> <li><input type="checkbox"/> Regular monitoring of treatment for efficacy, side effects &amp; concerns</li> <li><input type="checkbox"/> Healthy lifestyle measures to support physical &amp; mental health &amp; reduce risk of chronic disease</li> </ul>
	<p>Gender affirming hormonal treatment - oestrogen replacement</p> <p>Ostrogen replacement for gender affirmation</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inform patient that no genital or chest exam is necessary in order to access hormonal affirmation</li> <li><input type="checkbox"/> Education re expected physical &amp; mental changes &amp; limitations of therapy</li> <li><input type="checkbox"/> Regular review with GP for clinical monitoring &amp; dose adjustment</li> <li><input type="checkbox"/> Endocrine/ sexual health physican review, if ap-proprate</li> <li><input type="checkbox"/> Oestrogen replacement details:</li> <li><input type="checkbox"/> Formulation: <ul style="list-style-type: none"> <li>Target oestrogen:</li> <li>AusPATH target = 250-600pmol/L</li> <li>Sydney consensus target = 400-1000pmol/L</li> <li>&lt; insert patient name &gt;'s target =</li> <li>(outline reasons if difference in targets)</li> <li>Patient education re risks of high dose oestrogen if electing for higher targets</li> </ul> </li> <li><input type="checkbox"/> Other gender affirming medical treatment: <ul style="list-style-type: none"> <li>Progesterone</li> <li>Anti-androgens</li> </ul> </li> <li><input type="checkbox"/> Target testosterone: <ul style="list-style-type: none"> <li>AusPATH target &lt; 2nmol/L (but above zero)</li> <li>Higher if wishing to maintain erectile function</li> </ul> </li> <li><input type="checkbox"/> Regular blood tests, initially 6-12 weekly, then as advised/ symptomatically</li> <li><input type="checkbox"/> Discuss with Dr any treatment concerns</li> </ul>

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
	<p>Gender affirming hormonal treatment - side effects</p> <p>Early identification &amp; management of treatment side effects</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Education re potential side effects of treatment</li> <li><input type="checkbox"/> Targeted management of side effects as appropriate</li> <li><input type="checkbox"/> Regular blood tests</li> <li><input type="checkbox"/> Discuss with Dr any treatment concerns</li> <li><input type="checkbox"/> Low libido/ reduced erectile fx. Increase testosterone target (if a concern)</li> <li><input type="checkbox"/> Increased metabolic risk Regular blood tests / BP check Healthy lifestyle interventions including regular exercise &amp; healthy diet, consider exercise physiologist/ dietician review as appropriate</li> <li><input type="checkbox"/> Penile atrophy / pain Consider topical low dose testosterone</li> <li><input type="checkbox"/> Possible elevated VTE (clot) risk Education on clot symptoms Urgent medical review if calf swelling or pain, chest pain or shortness of breath</li> </ul>
	<p><i>Gender affirming hormonal treatment - fertility affects</i></p> <p>Identification &amp; appropriate management of fertility goals &amp; use of appropriate contraception</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Discussion of current &amp; future fertility plans</li> <li><input type="checkbox"/> Discuss with Dr any fertility concerns</li> <li><input type="checkbox"/> Consider sperm freezing if appropriate, (long term hormonal therapy may cause sterility)</li> <li><input type="checkbox"/> Contraception (condoms, vasectomy, orchiectomy) &amp; STI protection (condoms, PrEP) as indicated</li> </ul>

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
	<p><i>Other gender affirming treatment</i></p> <p>Identification of &amp; facilitation of treatment for other goals of gender affirmation including surgery, vocal training, prosthetics, etc. as appropriate</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Surgical referral, if/ when appropriate - oestrogen therapy may need to be ceased peri</li> <li><input type="checkbox"/> Speech therapy referral, if/when appropriate</li> <li><input type="checkbox"/> Permanent hair removal</li> <li><input type="checkbox"/> Safe use of genital tucking - remove for sleeping, monitor skin for rashes/ infection/ pain/ bruising</li> <li><input type="checkbox"/> Breast prostheses - remove for sleeping, monitor skin for rashes/ irritation</li> <li><input type="checkbox"/> Discuss with Dr any treatment concerns/ needs</li> </ul>
<p><b>Gender incongruence - psychological aspects</b></p> <p><i>Reference: Pride in Sport Australia, cited Nov. 2016</i></p> <p><b>Other causes of mental distress:</b></p> <ul style="list-style-type: none"> <li>- Depression</li> <li>- Anxiety</li> <li>- Other mental health disorder:</li> </ul>	<p>Identification &amp; appropriate management of any mental distress caused by gender incongruence, esp. if persistent despite gender affirmation, in order to improve symptom control and quality of life</p> <p>Identification &amp; appropriate management of any co-morbid mental health disorder to achieve &amp; maintain symptom control &amp; improve QOL</p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular review with GP</li> <li><input type="checkbox"/> Psychotherapy with psychologist if appropriate</li> <li><input type="checkbox"/> Online resources: <a href="https://headtohealth.gov.au/">https://headtohealth.gov.au/</a> <a href="http://www.acon.org.au">www.acon.org.au</a></li> <li><input type="checkbox"/> Establish/ maintain healthy sleep habits</li> <li><input type="checkbox"/> Healthy diet, consider dietician review</li> <li><input type="checkbox"/> 30 mins(+) moderate intensity exercise daily, con-sider exercise physiology</li> <li><input type="checkbox"/> Meditation/ mindfulness as appropriate</li> <li><input type="checkbox"/> Discuss with Dr any med side effects or concerns</li> <li><input type="checkbox"/> Lifeline: 13 11 14</li> </ul>

## OTHER CHRONIC CARE MANAGEMENT PLAN

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
<p>FOR EXAMPLE</p> <p>Diabetes Mellitus (Poor glucose control increases risk of cardiovascular, kidney and eye disease and nerve damage)</p> <p><i>Reference: RACGP General practice management of type 2 diabetes 2016-18</i></p>	<p>Achieve glycaemic control with diet, exercise and medications (where appropriate) to prevent development or progression of diabetic complications</p> <p>Regular multidisciplinary team assessment for the prevention/ early detection of diabetic complications</p> <p>Standard targets: HbA1c &lt; 7%/ 53 mmol/mol Total chol. &lt;4.0, HDL ≥1.0, LDL &lt;2.0, non-HDL &lt;2.5, TGs&lt;2.0 BP &lt; 140/90 (&lt; 130/80 if proteinuria) Urine Alb:Cr &lt;3.5 women, &lt;2.5 men</p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular review with GP 3 monthly</li> <li><input type="checkbox"/> Healthy diet, consider dietician review</li> <li><input type="checkbox"/> Group allied health services for T2DM</li> <li><input type="checkbox"/> Diabetes educator, if appropriate</li> <li><input type="checkbox"/> Skin / skin cancer check</li> <li><input type="checkbox"/> 30 mins moderate intensity exercise daily (or more)</li> <li><input type="checkbox"/> Smoking cessation if smoker</li> <li><input type="checkbox"/> Limit alcohol intake (≤2 standard drinks daily, at least 2 alcohol free days per week)</li> <li><input type="checkbox"/> Foot check: at least yearly</li> <li><input type="checkbox"/> Eye check: at least yearly</li> <li><input type="checkbox"/> Discuss with Dr any med side effects or concerns</li> </ul>

## PREVENTATIVE HEALTH CARE PLAN

Health Care Need/ Issue/ Condition	Management Goals	ACTION ("TO DO") LIST:
<b>Sexual Health</b>	Determination of sexual health risk & provision of individualised risk reduction strategies & screening plan	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use of appropriate protection with any new, untested sexual partners</li> <li><input type="checkbox"/> PrEP, if appropriate</li> <li><input type="checkbox"/> STI screening recommendations (see <a href="http://www.stguidelines.org.au">www.stguidelines.org.au</a>):</li> <li><input type="checkbox"/> See your doctor if any genital or sexual symptoms</li> </ul>
<b>Eye Health</b>	Prevention and early detection of eye disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eye check with optometrist at least every 2 years (more frequently as recommended)</li> <li><input type="checkbox"/> Report any sudden change in vision or any concerns about your vision</li> </ul>
<b>Oral Health</b>	Maintenance of good oral hygiene for the prevention and early detection of dental disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yearly dental checks, or more frequently if advised</li> <li><input type="checkbox"/> Brushing teeth twice a day with fluoride toothpaste &amp; daily flossing</li> <li><input type="checkbox"/> Smoking cessation if smoker</li> <li><input type="checkbox"/> Avoid sugary snacks and drinks</li> </ul> <p><b>Dentist (if any): Last dental check:</b></p>

Health Care Need/ Issue/ Condition	Management Goals	ACTION (“TO DO”) LIST:
<b>Skin Health</b>	<p>Early detection and removal of skin cancers</p> <p>Maintenance of good skin integrity</p>	<p><input type="checkbox"/> Consider yearly skin checks with GP</p> <p><input type="checkbox"/> Be aware of changes in your skin; if any new or changing skin lesions see your GP</p> <p><input type="checkbox"/> Be ‘sun smart’ by wearing hats, protective clothing, sunglasses and sunscreen (reapply every 2 hrs) <a href="http://www.sunsmart.com.au">www.sunsmart.com.au</a></p>
<b>Preventative Health &amp; Screening</b>	<p>Achieve and maintain best possible physical and mental health, maintain independence and prevent disease through health diet, regular exercise, not smoking, limiting alcohol intake and appropriate screening</p> <p><b>Vaccinations attended:</b></p> <p><b>Screening attended:</b></p> <p><b>Outstanding:</b></p>	<p><input type="checkbox"/> Aggressive cardiovascular disease management through lifestyle measures (listed below) &amp; medication where appropriate</p> <p><input type="checkbox"/> Smoking cessation if smoker</p> <p><input type="checkbox"/> Regular exercise - MINIMUM 30 mins moderate intensity 5+ days/ wk</p> <p><input type="checkbox"/> Health diet high in (non-starchy) vegies, unrefined grains &amp; moderate healthy fats</p> <p><input type="checkbox"/> Limit alcohol in take (<math>\leq 2</math> standard drinks daily, at least 2 alcohol free days per week)</p> <p><i>Vaccination:</i></p> <p><input type="checkbox"/> Influenza (flu) – annually</p> <p><input type="checkbox"/> Whooping cough/ tetanus – every 10 years</p> <p><input type="checkbox"/> Pneumococcal – at age 65 (or younger if high risk)</p> <p><input type="checkbox"/> Shingles – at age 70</p> <p><input type="checkbox"/> Hep A &amp; meningococcal, if appropriate</p> <p><input type="checkbox"/> Vaccination recommended prior to travel</p> <p><i>Cancer screening:</i></p> <p><input type="checkbox"/> Prostate cancer check</p> <p><input type="checkbox"/> Breast cancer: Mammogram every 2 years ages 50-74 years BreastScreen NSW: 13 20 50</p> <p><input type="checkbox"/> Skin cancer: skin check annually if risk factors such as family history or sunburns</p> <p><input type="checkbox"/> Bowel cancer: poo test for blood 2 yearly from age 50, colonoscopy if appropriate</p>

Template created 2019 by Dr Holly Inglis.. Recommendations based on the RACGP Guidelines for Preventative Activities in General Practice 9th Edition, 2016 unless otherwise stated.



## TEAM CARE ARRANGEMENT for <insert patient name>

Team Care Arrangement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)    Team Care Arrangement reviews: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

Collaborating providers & details (as listed in GPMP)	Treatment / Service Provided	Health Care Need/ Issue/ Condition (to be) addressed by provider	Treatment / Service Goals & Actions for
Practice nurses  NB to Drs: Nurses to not qualify as 'collaborating providers' for the TCA	Nursing care	LIST CONDITION	SERVICES THE PRACTICE NURSES WILL PROVIDE - e.g. wt checks, needs to be included to be able to claim 10997
1. Collaborating provider:			
2. Collaborating provider:			
Other collaborating providers:			

Signed copies of this final page to be forwarded to collaborating providers

For collaborating providers - please fax back to \_\_\_\_\_, if any changes suggested to current team care arrangements

## PATIENT CONSENT FOR GPMP/TCA

I, **<insert patient name>**, acknowledge that:

- My doctor has explained to me (and/or my carer) the purpose of & the steps involved in preparing my care plan & I have agreed to the preparation of the plan
- My doctor has discussed with me & we have agreed upon management goals for my health care which will be reviewed regularly
- My doctor has offered me (and/or my carer) a copy of my health care plan

If a team care arrangement has been undertaken:

- My doctor has explained the steps involved the development of the team care arrangements to me (and/or my carer)
  - My doctor has discussed with me the collaborating providers in my team care arrangement, their services & treatments, & I agree to my team care arrangement
  - I agree to the involvement of other care providers and to for them to share clinical information without restrictions
  - My doctor has offered me (and/ or my carer) a copy of my team care arrangement
- 

**<insert patient name>**  
**signature:**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**<insert doctor name>**  
**signature:**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_



**GENDER AFFIRMING CARE MANAGEMENT PLAN - MASCULINISING  
PREVENTATIVE HEALTH CARE PLAN  
TEAM CARE ARRANGEMENT**

**Important Note:  
Chronic Care Management Plans must be individualised for  
each patient to ensure Medicare compliance.**

GP Management Plans (721): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

Team Care Arrangements (723): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

Reviews (732): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

PATIENT DETAILS

ALLERGIES

No known allergies/adverse reactions.

GENDER DETAILS

GP

Gender identity: <insert gender>

Gender presumed at birth: F

Pronouns:

HISTORY LIST

*Inactive:*

Date Condition -- Comment

MEDICATIONS

## GENDER AFFIRMING CARE MANAGEMENT PLAN TEMPLATE - REVIEW DUE:

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
<p>Gender incongruence - physical aspect (marked &amp; persistent incongruence between experienced &amp; assigned gender)</p> <p><i>Reference: ICD-11 (Version 04/2019)</i></p>	<p>Affirmation of experienced gender through medical &amp;/or surgical treatment and supported social &amp;/or legal gender affirmation as desired</p>	<p>Other health care providers:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular review of goals for gender affirmation</li> <li><input type="checkbox"/> Regular monitoring of treatment for efficacy, side effects &amp; concerns</li> <li><input type="checkbox"/> Healthy lifestyle measures to support physical &amp; mental health &amp; reduce risk of chronic disease</li> </ul>
	<p>Gender affirming hormonal treatment - testosterone replacement</p> <p>Testosterone replacement for gender affirmation</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inform patient that no genital or chest exam is necessary in order to access hormonal affirmation</li> <li><input type="checkbox"/> Education re expected physical &amp; mental changes &amp; limitations of therapy</li> <li><input type="checkbox"/> Regular review with GP</li> <li><input type="checkbox"/> Endocrine/ sexual health physician review, if appropriate</li> <li><input type="checkbox"/> Testosterone replacement details: <ul style="list-style-type: none"> <li><input type="checkbox"/> Target testosterone: <ul style="list-style-type: none"> <li>AusPATH target = 10-15nmol/L (trough)</li> <li>&lt;INSERT NAME&gt;'s target = (outline reasons if difference in targets)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Regular blood tests, initially 6-12 weekly, then as advised/ symptomatically</li> <li><input type="checkbox"/> Discuss with Dr any treatment concerns</li> </ul>
	<p>Gender affirming hormonal treatment - side effects</p> <p>Early identification &amp; management of treatment side effects</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Education re potential side effects of treatment</li> <li><input type="checkbox"/> Targeted management of side effects as appropriate</li> <li><input type="checkbox"/> Regular blood tests</li> <li><input type="checkbox"/> Discuss with Dr any treatment concerns</li> <li><input type="checkbox"/> Acne <ul style="list-style-type: none"> <li>Topical treatment:</li> <li>Referral to dermatologist for isotretinoin</li> </ul> </li> <li><input type="checkbox"/> Persistent uterine bleeding <ul style="list-style-type: none"> <li>Rule out pathological causes (CST, USS, STI testing as indicated)</li> <li>Consideration of hormonal IUD</li> </ul> </li> <li><input type="checkbox"/> Polycythemia <ul style="list-style-type: none"> <li>Regular monitoring of red cell count/ oct</li> <li>Use of male normal values</li> <li>Smoking cessation</li> <li>Treatment modification/ haematology input as indicated</li> </ul> </li> <li><input type="checkbox"/> Vaginal dryness / atrophy <ul style="list-style-type: none"> <li>Vaginal moisturisers, e.g. Replens/ Sylk</li> <li>Topical oestrogen</li> <li>Surgical management if appropriate</li> </ul> </li> </ul>

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
	<p><i>Gender affirming hormonal treatment - fertility affects</i></p> <p>Identification &amp; appropriate management of fertility goals &amp; use of appropriate contraception</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Discussion of current &amp; fertility concerns</li> <li><input type="checkbox"/> Discuss with Dr any fertility concerns</li> <li><input type="checkbox"/> Consider egg freezing if appropriate</li> <li><input type="checkbox"/> Contraception as indicated (testosterone &amp; amenorrhoea is not sufficient for contraception) including barrier methods, IUD &amp; surgery</li> </ul>
	<p><i>Other gender affirming treatment</i></p> <p>Identification of &amp; facilitation of treatment for other goals of gender affirmation including surgery, vocal training, chest binding, etc. as appropriate</p> <p><u>&lt;insert patient name&gt;</u> <u>goals:</u></p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Surgical referral, if/ when appropriate</li> <li><input type="checkbox"/> Speech therapy referral, if/when appropriate</li> <li><input type="checkbox"/> Safe use of chest binding - use properly sized commercial binder, remove for sleeping, max. 8-12 hrs, Power's 4 finger check; review if pain, rashes or other concerns</li> <li><input type="checkbox"/> Protheses - remove for sleeping, careful daily washing if skin contact; review with GP if symptoms of urinary tract infection (burning, stinging or blood in urine) or skin irritation</li> <li><input type="checkbox"/> Discuss with Dr any treatment concerns/ needs</li> </ul>
<p><b>Gender incongruence - psychological aspects</b></p> <p><i>Reference: Pride in Sport Australia, cited Nov. 2016</i></p> <p><b>Other causes of mental distress:</b></p> <ul style="list-style-type: none"> <li>- Depression</li> <li>- Anxiety</li> <li>- Other mental health disorder:</li> </ul>	<p>Identification &amp; appropriate management of any mental distress caused by gender incongruence, esp. if persistent despite gender affirmation, in order to improve symptom control and quality of life</p> <p>Identification &amp; appropriate management of any co-morbid mental health disorder to achieve &amp; maintain symptom control &amp; improve QOL</p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular review with GP</li> <li><input type="checkbox"/> Psychotherapy with psychologist if appropriate</li> <li><input type="checkbox"/> Online resources: <a href="https://headtohealth.gov.au/">https://headtohealth.gov.au/</a> <a href="http://www.acon.org.au">www.acon.org.au</a></li> <li><input type="checkbox"/> Establish/ maintain healthy sleep habits</li> <li><input type="checkbox"/> Healthy diet, consider dietician review</li> <li><input type="checkbox"/> 30 mins(+) moderate intensity exercise daily, consider exercise physiology</li> <li><input type="checkbox"/> Meditation/ mindfulness as appropriate</li> <li><input type="checkbox"/> Discuss with Dr any med side effects or concerns</li> <li><input type="checkbox"/> Lifeline: 13 11 14</li> </ul>

## OTHER CHRONIC CARE MANAGEMENT PLAN

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
<p>FOR EXAMPLE</p> <p>Diabetes Mellitus (Poor glucose control increases risk of cardiovascular, kidney and eye disease and nerve damage)</p> <p><i>Reference: RACGP General practice management of type 2 diabetes 2016-18</i></p>	<p>Achieve glycaemic control with diet, exercise and medications (where appropriate) to prevent development or progression of diabetic complications</p> <p>Regular multidisciplinary team assessment for the prevention/ early detection of diabetic complications</p> <p>Standard targets: HbA1c &lt; 7%/ 53 mmol/mol Total chol. &lt;4.0, HDL ≥1.0, LDL &lt;2.0, non-HDL &lt;2.5, TGs&lt;2.0 BP &lt; 140/90 (&lt; 130/80 if proteinuria) Urine Alb:Cr &lt;3.5 women, &lt;2.5 men</p>	<p>Other health care providers:</p> <p>Results:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular review with GP 3 monthly</li> <li><input type="checkbox"/> Healthy diet, consider dietician review</li> <li><input type="checkbox"/> Group allied health services for T2DM</li> <li><input type="checkbox"/> Diabetes educator, if appropriate</li> <li><input type="checkbox"/> Skin / skin cancer check</li> <li><input type="checkbox"/> 30 mins moderate intensity exercise daily (or more)</li> <li><input type="checkbox"/> Smoking cessation if smoker</li> <li><input type="checkbox"/> Limit alcohol intake (≤2 standard drinks daily, at least 2 alcohol free days per week)</li> <li><input type="checkbox"/> Foot check: at least yearly</li> <li><input type="checkbox"/> Eye check: at least yearly</li> <li><input type="checkbox"/> Discuss with Dr any med side effects or concerns</li> </ul>

## PREVENTATIVE HEALTH CARE PLAN

Health Care Need/ Issue/ Condition	Management Goals	ACTION ("TO DO") LIST:
<b>Sexual Health</b>	Determination of sexual health risk & provision of individualised risk reduction strategies & screening plan	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use of appropriate protection with any new, untested sexual partners</li> <li><input type="checkbox"/> PrEP, if appropriate</li> <li><input type="checkbox"/> STI screening recommendations (see <a href="http://www.stguidelines.org.au">www.stguidelines.org.au</a>):</li> <li><input type="checkbox"/> See your doctor if any genital or sexual symptoms</li> </ul>
<b>Eye Health</b>	Prevention and early detection of eye disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eye check with optometrist at least every 2 years (more frequently as recommended)</li> <li><input type="checkbox"/> Report any sudden change in vision or any concerns about your vision</li> </ul>
<b>Oral Health</b>	Maintenance of good oral hygiene for the prevention and early detection of dental disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yearly dental checks, or more frequently if advised</li> <li><input type="checkbox"/> Brushing teeth twice a day with fluoride toothpaste &amp; daily flossing</li> <li><input type="checkbox"/> Smoking cessation if smoker</li> <li><input type="checkbox"/> Avoid sugary snacks and drinks</li> </ul> <p><b>Dentist (if any): Last dental check:</b></p>

Health Care Need/ Issue/ Condition	Management Goals	ACTION (“TO DO”) LIST:
<b>Skin Health</b>	<p>Early detection and removal of skin cancers</p> <p>Maintenance of good skin integrity</p>	<p><input type="checkbox"/> Consider yearly skin checks with GP</p> <p><input type="checkbox"/> Be aware of changes in your skin; if any new or changing skin lesions see your GP</p> <p><input type="checkbox"/> Be ‘sun smart’ by wearing hats, protective clothing, sunglasses and sunscreen (reapply every 2 hrs) <a href="http://www.sunsmart.com.au">www.sunsmart.com.au</a></p>
<b>Preventative Health &amp; Screening</b>	<p>Achieve and maintain best possible physical and mental health, maintain independence and prevent disease through health diet, regular exercise, not smoking, limiting alcohol intake and appropriate screening</p> <p><b>Vaccinations attended:</b></p> <p><b>Screening attended:</b></p> <p><b>Outstanding:</b></p>	<p><input type="checkbox"/> Aggressive cardiovascular disease management through lifestyle measures (listed below) &amp; medication where appropriate</p> <p><input type="checkbox"/> Smoking cessation if smoker</p> <p><input type="checkbox"/> Regular exercise - MINIMUM 30 mins moderate intensity 5+ days/ wk</p> <p><input type="checkbox"/> Health diet high in (non-starchy) vegies, unrefined grains &amp; moderate healthy fats</p> <p><input type="checkbox"/> Limit alcohol in take (<math>\leq 2</math> standard drinks daily, at least 2 alcohol free days per week)</p> <p><i>Vaccination:</i></p> <p><input type="checkbox"/> Influenza (flu) – annually</p> <p><input type="checkbox"/> Whooping cough/ tetanus – every 10 years</p> <p><input type="checkbox"/> Pneumococcal – at age 65 (or younger if high risk)</p> <p><input type="checkbox"/> Shingles – at age 70</p> <p><input type="checkbox"/> Hep A &amp; meningococcal, if appropriate</p> <p><input type="checkbox"/> Vaccination recommended prior to travel</p> <p><i>Cancer screening:</i></p> <p><input type="checkbox"/> Cervical cancer: screening ages 25-74 At least every 5 yrs (if last test after Dec 2017 - 2yrs if below), more frequently as advised; see Dr if abnormal vaginal bleeding</p> <p><input type="checkbox"/> Breast cancer: Mammogram every 2 years ages 50-74 years BreastScreen NSW: 13 20 50</p> <p><input type="checkbox"/> Skin cancer: skin check annually if risk factors such as family history or sunburns</p> <p><input type="checkbox"/> Bowel cancer: poo test for blood 2 yearly from age 50, colonoscopy if appropriate</p>

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## TEAM CARE ARRANGEMENT for <insert patient name>

Team Care Arrangement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)    Team Care Arrangement reviews: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date of service)

Collaborating providers & details (as listed in GPMP)	Treatment / Service Provided	Health Care Need/ Issue/ Condition (to be) addressed by provider	Treatment / Service Goals & Actions for
Practice nurses  NB to Drs: Nurses to not qualify as 'collaborating providers' for the TCA	Nursing care	LIST CONDITION	SERVICES THE PRACTICE NURSES WILL PROVIDE - e.g. wt checks, needs to be included to be able to claim 10997
1. Collaborating provider:			
2. Collaborating provider:			
Other collaborating providers:			

Signed copies of this final page to be forwarded to collaborating providers

For collaborating providers - please fax back to \_\_\_\_\_, if any changes suggested to current team care arrangements



## PATIENT CONSENT FOR GPMP/TCA

I, **<insert patient name>**, acknowledge that:

- My doctor has explained to me (and/or my carer) the purpose of & the steps involved in preparing my care plan & I have agreed to the preparation of the plan
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- My doctor has offered me (and/or my carer) a copy of my health care plan

If a team care arrangement has been undertaken:

- My doctor has explained the steps involved the development of the team care arrangements to me (and/or my carer)
  - My doctor has discussed with me the collaborating providers in my team care arrangement, their services & treatments, & I agree to my team care arrangement
  - I agree to the involvement of other care providers and to for them to share clinical information without restrictions
  - My doctor has offered me (and/ or my carer) a copy of my team care arrangement
- 

**<insert patient name>**  
**signature:**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**<insert doctor name>**  
**signature:**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_