[Surgeon Name] – [Clinic Name]

[Surgeon’s qualifications/degrees listed here]

**Information Sheet - All Staff**

|  |  |
| --- | --- |
| Name to be used  (see reverse side for legal/insurance name if required) |  |
| Pronouns  (circle all) | She/her he/him they/them Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender  (circle all) | Female Male Non-binary |
| Proposed Surgery |  |
| Medical History |  |
| Comments |  |

**RECEPTION STAFF:**

THIS FORM IS TO BE STAPLED TO THE FRONT OF THE NOTES

**WARD STAFF**:

DO NOT REMOVE FROM FRONT OF NOTES UNTIL THE PATIENT HAS BEEN THROUGH SURGERY.

ON RETURN TO WARD PLEASE TRANSFER TO THE PATIENTS DAILY FOLDER SO ALL STAFF CAN SEE THE NAME AND PRONOUNS TO BE USED

Second page (to be printed with short-edge binding, so this page is upside down from the front)

Note: The below names are to be used only in circumstances where a legal name is required, ie. For health insurance, or Medicare. This name is not to be used when talking about the patient, either when talking to them, or talking to others.

|  |  |
| --- | --- |
| Legal name (if different to patient name) |  |
| Name known to Health Fund ((if different to patient name) |  |

Adapted with grateful permission from Iffy Middleton.

For more information about trans-affirming medical practice, visit [www.transhub.org.au/clinicians](http://www.transhub.org.au/clinicians)

Logo, company name

Description automatically generated