TransHub Templates

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

Gender identity:
Gender presumed at birth: F
Pronouns:

GP

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:
Gender incongruence - physical aspected (marked & persistent incongruence between experienced & assigned gender) *Reference: ICD-11 (Version 04/2019)*	Affirmation of experienced gender through medical &/or surgical treatment and supported social &/or legal gender affirmation as desired	Other health care providers:	☐ Regular review of goals for gender affirmation ☐ Regular monitoring of treatment for efficacy, side effects & concerns ☐ Healthy lifestyle measures to support physical & mental health & reduce risk of chronic disease
	Gender affirming hormonal treatment - testosterone replacement Testosterone replacement for gender affirmation <u>goals</u>:	Other health care providers: Results:	☐ Inform patient that no genital or chest exam is necessary in order to access hormonal affirmation ☐ Education re expected physical & mental changes & limitations of therapy ☐ Regular review with GP ☐ Endocrine/ sexual health physican review, if appropriate ☐ Testosterone replacement details: ☐ Target testosterone: AusPATH target = 10-15nmol/L (trough) <INSERT NAME>'s target = (outline reasons if difference in targets) ☐ Regular blood tests, initially 6-12 weekly, then as advised/ symptomatically ☐ Discuss with Dr any treatment concerns
	Gender affirming hormonal treatment - side effects Early identification & management of treatment side effects <u>goals</u>:	Other health care providers: Results:	☐ Education re potential side effects of treatment ☐ Targeted management of side effects as appropriate ☐ Regular blood tests ☐ Discuss with Dr any treatment concerns ☐ Acne Topical treatment: Referral to dermatologist for isotretinoin ☐ Persistent uterine bleeding Rule out pathological causes (CST, USS, STI testing as indicated) Consideration of hormonal IUD ☐ Polycythemia Regular monitoring of red cell count/ oct Use of male normal values Smoking cessation Treatment modification/ haematology input as indicated ☐ Vaginal dryness / atrophy Vaginal moisturisers, e.g. Replens/ Sylk Topical oestrogen Surgical management if appropriate

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
	Gender affirming hormonal treatment - fertility affects Identification & appropriate management of fertility goals & use of appropriate contraception <u>goals</u>:	Other health care providers: Results:	☐ Discussion of current & fertility concerns ☐ Discuss with Dr any fertility concerns ☐ Consider egg freezing if appropriate ☐ Contraception as indicated (testosterone & amenorrhoea is not sufficient for contraception) including barrier methods, IUD & surgery
	Other gender affirming treatment Identification of & facilitation of treatment for other goals of gender affirmation including surgery, vocal training, chest binding, etc. as appropriate <u>goals</u>:	Other health care providers: Results:	☐ Surgical referral, if/ when appropriate ☐ Speech therapy referral, if/when appropriate ☐ 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 ☐ Prostheses - 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 ☐ Discuss with Dr any treatment concerns/ needs
Gender incongruence - psychological aspects *Reference: Pride in Sport Australia, cited Nov. 2016* **Other causes of mental distress:** **- Depression** **- Anxiety** **- Other mental health disorder:**	Identification & 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 Identification & appropriate management of any co-morbid mental health disorder to achieve & maintain symptom control & improve QOL	Other health care providers: Results:	☐ Regular review with GP ☐ Psychotherapy with psychologist if appropriate ☐ Online resources: https://headtohealth.gov.au/ www.acon.org.au ☐ Establish/ maintain healthy sleep habits ☐ Healthy diet, consider dietician review ☐ 30 mins(+) moderate intensity exercise daily, consider exercise physiology ☐ Meditation/ mindfulness as appropriate ☐ Discuss with Dr any med side effects or concerns ☐ Lifeline: 13 11 14

OTHER CHRONIC CARE MANAGEMENT PLAN

Health Care Need/ Issue/ Condition	Management Goals	OTHER care providers Results/ appointments	ACTION ("TO DO") LIST:
FOR EXAMPLE Diabetes Mellitus (Poor glucose control increases risk of cardiovascular, kidney and eye disease and nerve damage) *Reference: RACGP General practice management of type 2 diabetes 2016-18*	Achieve glycaemic control with diet, exercise and medications (where appropriate) to prevent development or progression of diabetic complications Regular multidisciplinary team assessment for the prevention/ early detection of diabetic complications Standard targets: HbA1c < 7%/ 53 mmol/mol Total chol. <4.0, HDL ≥1.0, LDL <2.0, non-HDL <2.5, TGs<2.0 BP < 140/90 (< 130/80 if proteinuria) Urine Alb:Cr <3.5 women, <2.5 men	Other health care providers: Results:	☐ Regular review with GP 3 monthly ☐ Healthy diet, consider dietician review ☐ Group allied health services for T2DM ☐ Diabetes educator, if appropriate ☐ Skin / skin cancer check ☐ 30 mins moderate intensity exercise daily (or more) ☐ Smoking cessation if smoker ☐ Limit alcohol intake (≤2 standard drinks daily, at least 2 alcohol free days per week) ☐ Foot check: at least yearly ☐ Eye check: at least yearly ☐ Discuss with Dr any med side effects or concerns

PREVENTATIVE HEALTH CARE PLAN

Health Care Need/ Issue/ Condition	Management Goals	ACTION ("TO DO") LIST:
Sexual Health	Determination of sexual health risk & provision of individualised risk reduction strategies & screening plan	☐ Use of appropriate protection with any new, untested sexual partners ☐ PrEP, if appropriate ☐ STI screening recommendations (see www.stiguidelines.org.au): ☐ See your doctor if any genital or sexual symptoms
Eye Health	Prevention and early detection of eye disease	☐ Eye check with optometrist at least every 2 years (more frequently as recommended) ☐ Report any sudden change in vision or any concerns about your vision
Oral Health	Maintenance of good oral hygiene for the prevention and early detection of dental disease	☐ Yearly dental checks, or more frequently if advised ☐ Brushing teeth twice a day with fluoride toothpaste & daily flossing ☐ Smoking cessation if smoker ☐ Avoid sugary snacks and drinks **Dentist (if any): Last dental check:**

Health Care Need/ Issue/ Condition	Management Goals	ACTION ("TO DO") LIST:
Skin Health	Early detection and removal of skin cancers Maintenance of good skin integrity	☐ Consider yearly skin checks with GP ☐ Be aware of changes in your skin; if any new or changing skin lesions see your GP ☐ Be 'sun smart' by wearing hats, protective clothing, sunglasses and sunscreen (reapply every 2 hrs) www.sunsmart.com.au
Preventative Health & Screening	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 **Vaccinations attended:** **Screening attended:** **Outstanding:**	☐ Aggressive cardiovascular disease management through lifestyle measures (listed below) & medication where appropriate ☐ Smoking cessation if smoker ☐ Regular exercise - MINIMUM 30 mins moderate intensity 5+ days/ wk ☐ Health diet high in (non-starchy) vegies, unrefined grains & moderate healthy fats ☐ Limit alcohol in take (≤2 standard drinks daily, at least 2 alcohol free days per week) *Vaccination*: ☐ Influenza (flu) – annually ☐ Whooping cough/ tetanus – every 10 years ☐ Pneumococcal – at age 65 (or younger if high risk) ☐ Shingles – at age 70 ☐ Hep A & meningococcal, if appropriate ☐ Vaccination recommended prior to travel *Cancer screening:* ☐ 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 ☐ Breast cancer: Mammogram every 2 years ages 50-74 years BreastScreen NSW: 13 20 50 ☐ Skin cancer: skin check annually if risk factors such as family history or sunburns ☐ Bowel cancer: poo test for blood 2 yearly from age 50, colonoscopy if appropriate

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

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

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signature:

_____ /_____ /_____

signature:

_____ /_____ /_____