

# Gender-affirming (genital) surgery: Annual review

- ❗ All fields of this form must be completed by the patient and submitted to [gender.surgery@health.govt.nz](mailto:gender.surgery@health.govt.nz)
- ❗ This is a fillable form, if you wish to fill it out on your computer you will need to download the form to your computer and save it before starting to fill it out.

## Your contact details

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Name				Pronoun/s
Date of birth	Ethnicity			
Address (street number and name)				
Suburb	City		Post code	
Email	Phone (mobile)		Phone (other)	
GP name and practice				

### Other contact person (Secondary contact person details must be provided)

Name	Relationship		
Email	Phone		

## General

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Do you still wish to proceed with gender affirming surgery?	Yes	No	Not sure
If yes, are you wanting :			
Vaginoplasty	Minimal Depth Vaginoplasty		
Phalloplasty <b>with</b> Urethral Lengthening	Phalloplasty <b>without</b> Urethral Lengthening		
Metoidioplasty <b>with</b> Urethral Lengthening	Metoidioplasty <b>without</b> Urethral Lengthening	Not sure	
Comment			

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If No, we will remove you from the waiting list. You have 12 months to let us know if you change your mind. If **Unsure**, we recommend you discuss this with your doctor.

What is your:

Height (cm)	Weight (kg)	BMI <sup>#</sup>
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<sup>#</sup>Calculate your BMI at [heartfoundation.org.nz/wellbeing/bmi-calculator](https://heartfoundation.org.nz/wellbeing/bmi-calculator)

If your BMI is above 30 contact your doctor to discuss weight loss. A Green Prescription might be right for you.

Find out more at: [health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions](https://health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions)

Do you smoke (cigarettes and vaping)? Yes No Do you vape nicotine? Yes No  
You need to have stopped smoking before you can have surgery. Contact your doctor or Quitline for help to stop smoking quit.org.nz/

Do you have any new health conditions? (Please describe)

What medicine are you taking?

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Have you started hair removal in the past six months? (eg, facial/full body) Yes No

Comment

Have you had a surgical readiness assessment in the past 6 months? Yes No

If yes, where did the assessment take place?

What date did the assessment take place?

Comment

### Privacy statement

This information is collected and held by Te Whatu Ora and shared with the Service Provider to assess the suitability of candidates for a First Specialist Assessment for this complex surgery. The information is used by Te Whatu Ora (and any contractors acting as an agent of Te Whatu Ora) to manage the wait list for Gender Affirming (Genital) Surgery.

You have the right to access and ask Te Whatu Ora to correct any of your personal information provided in connection with an application to undergo Gender Affirming Surgery. If you wish to do so, please contact [gender.surgery@health.govt.nz](mailto:gender.surgery@health.govt.nz).

This information is collected, used and disclosed (if applicable) in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020.

We take the safety of people on the waiting list and our staff very seriously. Please note that any threat of self-harm or serious threat to the health or safety of any Te Whatu Ora staff member may result in disclosure of the relevant information to the New Zealand Police.

### Signature

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Please sign and return this form.

It is very important that this form is returned if you wish to proceed with surgery.

Signature

Date

Email the completed form to: [gender.surgery@health.govt.nz](mailto:gender.surgery@health.govt.nz)