

Gender-affirming (genital) surgery: Patient referral

This application form ONLY applies to gender affirming **genital** feminising or masculinising surgery. Direct referrals for other gender affirming surgery to the appropriate district hospital provider.

Patients seeking gender-affirming genital surgery need to be fit for a complex surgical procedure and anaesthetic. Patients will be asked to complete an **annual review** every twelve months while waiting. Encourage patients to make changes to their health, such as weight loss or smoking cessation.

- i** Please note: 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.
- i** This patient referral form and all its fields must be completed by the patients GP or district hospital referrer and submitted to gender.surgery@health.govt.nz

Patient's details (This should be the best way to contact a patient and the least likely to change)

First name/s

Last name

Pronouns

NHI number

Date of birth

Ethnicity (Provide the ethnicity as self-reported by the patient. The patient may select more than one ethnic group.)

Address (street number and name)

City

Post code

District hospital and region

Phone

Email

Name of GP and practice

Eligible for publicly funded treatment in New Zealand (See Note1 at back of this form for eligibility criteria) Yes No

Are you the patient's usual doctor? Yes No

Do you know their medical history? Yes No

Referrer information

Name

Consultation by

District hospital GP Private

Your specialty

Referring district hospital and region

Referrers New Zealand Medical Council number

Email

Phone number

Clinical information

Procedure (select one)

Feminising

Masculinising

Meets WPATH criteria (See Note 2 at back of this form) Yes No

Patients

Height (cm)

Weight (kg)

BMI

Do they smoke? Yes No Do they vape nicotine? Yes No

Have they had a readiness assessment for gender affirming care? Yes No (If YES please attach)

Provider

Previous gender-affirming procedures (Please list completed gender-affirming procedures, including where and when. These may include breast/chest/top surgery or surgery on reproductive organs).

📌 Please note here if the patient is being referred for a revision of a prior gender-affirming genital procedure

Current and past medical conditions (List all health conditions, including past and present physical, mental health/addiction and social issues) (See Note 3 at back of this form)

📌 Please attach related clinical and patient notes and note if the condition is stable.

Medications including dosage

Signature

Please sign and return this form.

Signature

Date

Please attach any readiness assessment and/or up to date summary of previous consultations.

Email the completed form to: gender.surgery@health.govt.nz

Notes:

1. Eligibility: The following people are eligible:

- a. New Zealand Resident Class Visa Holders
- b. New Zealand citizens (including those from the Cook Islands, Niue or Tokelau)
- c. Australian citizens or permanent residents who have lived, or intend to live, in New Zealand for two years or more
- d. work visa holders eligible to be in New Zealand for two years or more
- e. people aged 17 years or younger, in the care and control of an eligible parent, legal guardian, adopting parent or person applying to be their legal guardian
- f. interim visa holders
- g. New Zealand Aid Programme students receiving Official Development Assistance (ODA) funding
- h. commonwealth scholarship students
- i. foreign language teaching assistants
- j. refugees and protected persons, applicants and appellants for refugee and protection status and victims of people trafficking offences.

More information on eligibility is at: health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services.

2. Clinical criteria declaration: The patient must meet the internationally agreed criteria for genital reconstruction (WPATH SOC v7 2011):

- a. persistent, well-documented gender dysphoria
- b. capacity to make a fully informed decision and to consent for treatment
- c. age 18 years or older
- d. if significant medical or mental health concerns are present they must be well controlled
- e. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual)
- f. 12 continuous months of living in a gender role that is congruent with their gender identity.

3. Medical conditions: Please describe medical conditions or history that may affect the patient's fitness or suitability for surgery, particularly:

- a. smoking status – smoking of any form (cigarette, vaping nicotine or smoking cessation)
- b. obesity
- c. high blood pressure
- d. cardiac condition and cardiac surgery – include poor exercise intolerance
- e. asthma or other chronic lung condition or shortness of breath
- f. neurological disorders – includes stroke or TIAs
- g. treatment for cancer
- h. diabetes/glucose intolerance
- i. liver or kidney problems
- j. thromboembolism, coagulopathy and anaemia
- k. infectious conditions
- l. dyslipidaemia