DURHAM COMMUNITY HEALTH CENTRE
Our Health. Our Community. Our Durham.
Formerly known as Carea Community Health Centre

1450 Kingston Rd, Unit 17
Pickering, ON L1V 1C1
Tel: (905) 420-0333
Fax: (905) 420-3541

CLINIC USE ONLY
Date Received: _____
Screening Appointment Date:_____

Gender Care Interprofessional Primary Care Team Referral Form

PATIENT INFORMATION

Legal Name: Last First Middle Initial

Chosen Name:

Health Card Number:

Address:

Pronouns:

Date of Birth DD/MM/YY:

Sex Assigned at Birth:
M ☐ F ☐

Mobile Phone:
Ok to leave voicemail? Y ☐ N ☐

Gender:

Home Phone:
Ok to leave voicemail? Y ☐ N ☐

Patient Informed of Referral?
Yes ☐ No ☐

Patient Consent for Referral Obtained?
Yes ☐ No ☐

CLINICAL INFORMATION

Allergies: Yes ☐ No ☐ *if yes please list

_____

_____

Current Medications: ☐ *List attached

_____

_____

Reason for Referral:

_____

_____

_____

_____

_____

_____

_____

_____

Risks (if any):

Is the client attached to any of the following services?

Counselling Services Yes ☐ No ☐

Psychiatric Services Yes ☐ No ☐

Workplace EAP Yes ☐ No ☐

Has the client had any Gender Related Surgeries (GRS)?

Yes ☐ No ☐

If yes please list: _____

Has the client started Hormone related therapy?

Yes ☐ No ☐

If yes when did they start? DD/MM/YY _____

Primary Care Provider (PCP) Name:

Date:

Signature:

Address:

Tel:

Fax:

In order to serve your clients better, the Interprofessional Primary Care (IPC) Team would like to communicate with the PCP during the treatment course.

Does the client consent to the CAREA Gender Care IPC Team communicating with referring PCP?

Yes ☐ No ☐

☐ Please attach any relevant clinical reports, consultation notes and results.

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Program Description:

The Gender Care IPC team includes a Nurse Practitioner, Systems Navigator and Registered Therapist who provide gender transition related care and services within a holistic framework for a time-limited length of service. The team aims to create a safe, confidential, inclusive, and affirming space for trans, gender expansive, non-binary and questioning youth and adults in the Durham Region. Specific services include social, legal and medical transition support, hormone therapy, puberty suppression, surgery referral support, advocacy, and health system navigation. We tailor our services to the needs and transition goals of our clients. Clients may retain their primary care providers while seeking gender transition related care from the team and upon completion of goals will be transferred back to their providers.

Inclusion and Exclusion Criteria:

Inclusion Criteria	Exclusion Criteria
☐ **Geographical location**: Client must currently reside in the Durham Region.	☐ Actively suicidal and/or poses a high risk to themselves or others. ***NOTE**: Self harm behaviours are NOT exclusionary.
☐ **Age:** 12yr+	☐ Severe impairment in cognitive function (e.g. dementia) that would interfere with informed consent and/or treatment care planning.
☐ Self-identify as trans, gender diverse, gender non-conforming, non-binary or questioning.	☐ Symptoms of acute mania and/or active psychosis.
☐ Seeking gender transition or gender related care services.	☐ Problematic use of substances that impacts client's ability to actively participate in their care.
☐ Individuals without an OHIP card (uninsured, immigrants, refugees) are accepted.	