TRANS HEALTH CARD

A TOOL TO FACILITATE AFFIRMING CONVERSATIONS
BETWEEN GENDER-DIVERSE PATIENTS AND THEIR
CARE PROVIDERS

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MY NAME IS:	MY NAME IS:
I use the name above, instead of the name on my ID or Provincial Health Card.	I use the name above, instead of the name on my ID or Provincial Health Card.
Please DO NOT use THIS name:	Please DO NOT use THIS name:
MY PRONOUNS ARE:	MY PRONOUNS ARE:
GENDER IDENTITY:	GENDER IDENTITY:
GENDER ASSIGNED AT BIRTH	GENDER ASSIGNED AT BIRTH
NAME OF HRT	NAME OF HRT
DOSAGE PER DAY/WEEK/MONTH STARTED LAPSE IN TREATMENT	DOSAGE PER DAY/WEEK/MONTH YEAR STARTED LAPSE IN TREATMENT
STARTED	STARTED
GENDER-AFFIRMING SURGERIES DATE RECEIVED	GENDER-AFFIRMING SURGERIES DATE RECEIVED
KESEIVES	RESERVED
	40050000 177415500
ACCESSIBILITY NEEDS:	ACCESSIBILITY NEEDS:
ADDITIONAL THINGS TO KNOW	APPITIONAL TURNOS TO VAION
ADDITIONAL THINGS TO KNOW:	ADDITIONAL THINGS TO KNOW:

For more information and instructions, For more information and instructions, check out our website: check out our website: actoronto.org/health-information/hiv/transhc/ actoronto.org/health-information/hiv/transhc/ Did you find this tool helpful? Did you find this tool helpful? Let us know how to improve! Let us know how to improve! **ACTORONTO.ORG/ ACTORONTO.ORG/**