

TRANS HEALTH CARD

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

MY NAME IS:

I use the name above, instead of the name on
my ID or Provincial Health Card.

Please **DO NOT** use THIS name:

MY PRONOUNS ARE:

GENDER IDENTITY:

GENDER ASSIGNED AT BIRTH

NAME OF HRT

DOSAGE PER DAY/WEEK/MONTH YEAR STARTED LAPSE IN TREATMENT

<input type="text"/>	<input type="text"/>	<input type="text"/>
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GENDER-AFFIRMING SURGERIES

DATE RECEIVED

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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ACCESSIBILITY NEEDS:

ADDITIONAL THINGS TO KNOW:

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For more information and instructions,
check out our website:

actoronto.org/health-information/hiv/transhc/

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Did you find this tool helpful?



Let us know how to improve!

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