



## Definitions

**Sex:** categorization of male or female based on appearance of genitalia at birth

**Gender Nonconforming (GNC):** people who do not subscribe to gender expressions or roles expected of them by society

**Gender Queer:** a person whose gender identity and/or gender expression falls outside the dominant societal norm for their assigned sex and/or is beyond genders

**Gender:** the societal construct that is associated with men (masculinity) and women (femininity)

**Transition (Gender Affirmation):** the process at which a person begins living as the gender they identify with rather than what sex they were assigned at birth, this may include HRT, surgery, name change, etc.

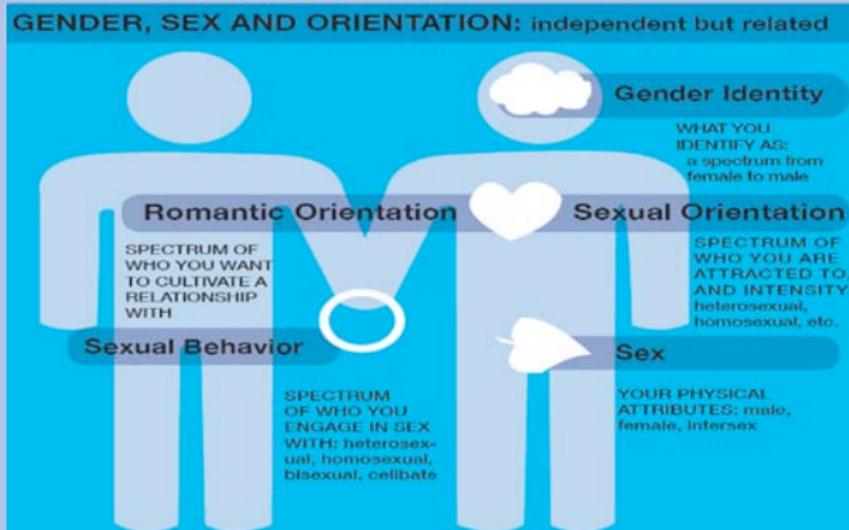
**Sexual Orientation:** enduring emotional, romantic, sexual or affectional attraction or non-attraction to another person

**FTM (F2M):** female to male transgender person (transman)

**MTF (M2F):** male to female transgender person (transwoman)

## Tips for Visits and the History and Physical

- Ask patient for preferred name and/or pronouns. If relevant, ask for preferred terminology for penis, vagina, etc.<sup>1,2</sup>
- Ask questions based on a NEED to know basis versus curiosity regarding your ability to provide healthcare.
- Sex, sexual behavior, sexual orientation and gender identity are NOT synonymous and do not assume one from another.
- Use gender neutral language, such as "partner," when inquiring about relationship/sexual history.
- If providing preventative care, consider what body parts they currently have and treat them as needed.<sup>1,2</sup>
- If patient is on hormones, it is important to inquire how long, if they regularly see prescribing physician, and do they have recent bloodwork.<sup>1,2</sup>
- Recognize how one's attitude and knowledge of LGBT issues may effect assessment and treatment of patient; address these biases through training, consulting with colleagues, and system-based practice.<sup>3</sup>



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## Transgender Health Disparities and Concerns

1. **Physical and sexual violence-** Transgender persons are high risk individuals for hate crimes, violence, and murder.
2. **HIV-** Transwomen are at high risk for contracting HIV. HIV transmission in transmen has been understudied.<sup>5</sup>
3. **Substance Abuse-** Significant substance noted, but lack of culturally sensitive substance programs hinder treatment.
4. **Suicide-** Studies report higher rates of suicide in pre-transition transgender populations. Transwomen may be slightly more likely to attempt suicide than transmen. Transgender persons that have completed their transition are less likely to attempt suicide.<sup>5</sup>
5. **Primary Care-** High rates of unemployment/poverty pollute the transgender population leading to lack of health insurance and poor routine health screens.
6. **Transition Complications-** Transwomen may see complications throughout transition including DVT and surgical complications. Transmen may experience male-pattern balding, liver damage, acne, heart disease, and mood changes. Surgical complications can include fistulas, urinary strictures, DVT, implant rejection, and more.

