



GP Referral for Gender Affirming Hormonal Care

Dear Doctor,

Your patient has brought this letter to you as they wish to see me for gender affirming hormonal care. I am a registered specialist general practitioner with a special interest in providing gender affirming hormonal care under the informed consent model. I am available for face to face (Hobart, TAS) and telehealth (NSW & TAS) appointments. I kindly request that all patients obtain a referral letter from their primary care GP so I might obtain background information and essential observations (for telehealth patients), be able to coordinate their care needs with you and ensure they have a provider for their other primary care needs.

There is a template referral letter below and downloads in PDF and Best Practice templates are available on my website, www.rainbowcareclinic.com.au. Otherwise, any standard referral letter can be sent. Please kindly include the following details:

- ➔ patient name
- ➔ patient Medicare name
- ➔ pronouns
- ➔ gender assigned at birth
- ➔ gender identity
- ➔ past medical history
- ➔ medications
- ➔ allergies
- ➔ blood pressure
- ➔ BMI (if appropriate & acceptable for patient to provide)

Arranging investigations prior to seeing me can assist in your patient's work-up but is not essential and I am happy to arrange myself. If you wish to order investigations, my standard work up is:

- ➔ FBC, EUC, LFTs, FSH/LH, testosterone, oestradiol

Other test to consider if clinically indicated (MBS restrictions may apply):

- ➔ ECG, fasting glucose, HbA1c, lipids/HDL (CV risk factors present, > 45)
- ➔ TSH (amenorrhoea or low testosterone or clinical features)
- ➔ Vitamin D (low sun exposure)
- ➔ hCG (if risk of pregnancy or requested)

Please also indicate one of the following:

- ➔ I am referring for gender affirming hormonal care and can continue care once initiated/stabilised if I am provided with a plan for medication titration and management, OR
- ➔ I am referring for all/ ongoing gender affirming hormonal care needs and am able to provide ongoing other primary health care needs for this patient

I appreciate your time and thank you kindly for any referrals.

Yours sincerely,

Dr Holly Inglis (she/her)
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Rainbow Care Clinic Referral

Best Practice templates available for download: www.rainbowcareclinic.com.au/information-for-your-gp

Patient Details

| | |
|----------------------------------|--|
| Name: | |
| Medicare name: | |
| Gender assigned at birth: | |
| Gender identity: | |
| Pronouns: | |
| DOB: | |
| Medicare number (if applicable): | |
| Address: | |
| Phone: | |
| Email: | |

Clinical Details & Examination

| | |
|-----------------|---|
| Allergies | <i>(GP to complete or include on attached referral)</i> |
| Medications | <i>(GP to complete or include on attached referral)</i> |
| Medical history | <i>(GP to complete or include on attached referral)</i> |
| Blood pressure | <i>(GP to complete or include on attached referral)</i> |
| BMI | <i>(only if appropriate/ acceptable for patient)</i> |

Ongoing care

- I am referring for gender affirming hormonal care and can continue care once initiated/stablised if I am provided with a plan for medication titration and management,
- I am referring for all/ ongoing gender affirming hormonal care needs and am able to provide ongoing other primary health care needs for this patient

| | |
|--------------|-----------------|
| Referring GP | <i>GP stamp</i> |
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Referrals can be sent via healthlink: **rainbowc** (preferred), email: admin@rainbowcareclinic.com.au or fax: **03 8779 8991**. Patients can register for appnts via the website (www.rainbowcareclinic.com.au) and are sent upload links for referral documents