



## Gender Affirming Surgical Interest Form

Denver Health asks these questions so we can provide the best care to every patient. Gathering this information is a critical step to eliminate health disparities and inequities among the patients we serve

<b>Name:</b>	<b>Legal Name:</b>	
<b>Pronouns:</b>	<b>Date of Birth:</b>	
<b>Address:</b>	<b>City, State, Zip:</b>	
<b>Phone:</b>	<b>Email:</b>	
<b>SSN:</b>		
<b>Gender Identity:</b>	<b>Sex Assigned at Birth:</b>	
<b>Sexual Orientation:</b>	<b>Legal Sex:</b>	
Birth Country/Nationality:	Race/Ethnicity:	
Preferred language:	Do you require an interpreter?	
Marital Status:	Are you a veteran?	
Current Employment Status:	Do you have a disability?	
Are you currently experiencing homelessness?	Weight:	Height:

Have you used any nicotine products in the last 5 years?:                      Yes                      No

Are you currently on Gender Affirming Hormone Therapy?:                      Yes                      No

If yes, what was your start date (MM/DD/YYYY):

**EMERGENCY CONTACT:**

Name:
Phone:
Relationship:

**ALL ACTIVE INSURANCE PLANS:** *(Please include a picture of your insurance card(s) and photo ID)*

Name of insurance company/provider:
Name of subscriber/policy holder (as appears on card):
Subscriber/policy holder date of birth:
Subscriber ID# (as appears on card):
Group # (if applicable):

**SURGERIES OFFERED:** *(Please select all surgeries you're interested in AND mark which surgery you would like to work towards first)*

**Double Mastectomy (Top Surgery)**

**Hysterectomy**

**Orchiectomy**

**Tracheal Shave**

**Vaginoplasty (full-depth)**

**Vaginoplasty (minimal-depth)**

**Breast Augmentation**

How did you hear about Denver Health LGBTQ Health Services?

Please send completed form and picture of your insurance card(s) and photo ID to:  
**LGBTAdmin@dhha.org**