**DISCHARGE NOTE: Feminizing hormone therapy**

XXX is being discharged from the endocrine clinic.

Rationale for discharge from Endocrine Care:

Trans, non-binary and gender diverse identities are common in the population. In the 2021 Canadian census, 0.33% of the population identified as trans or non-binary.

This patient has been stable on their gender affirming hormone therapy and can now be transitioned to follow-up in primary care. For post gonadectomy patients, adherence to hormone therapy is required to maintain bone health.

Current Hormonal Regimen:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A one year supply of prescription hormonal therapy has been provided to the patient with the hope that you can continue to renew these medications on an annual basis through your office.

Surveillance:

1. **Annual clinical:**
   * Mental health screening
   * Weight
   * Blood pressure
2. **Annual biochemical tests:**
   * ALT, lipid profile, HbA1c
   * Lytes, Cr (if on spironolactone)
   * Estradiol (if on estradiol therapy) acceptable range 150-850 pmol/L
   * Prolactin (if on cyproterone) acceptable < 50 ug/L
   * Total testosterone (if on anti-androgen)
     1. < 2 nmol/L
     2. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Age-appropriate cancer screening as per general populations, paying attention to:** 
   * Age- appropriate prostate cancer screening as per cis-male
   * Age-appropriate breast cancer screening as per cis-female with mammography beginning once the patient has been on estrogen for > 5 years
4. **Bone density:**
   * At age >65 as per Osteoporosis Canada Guidelines
   * Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (earlier if patient stops hormone therapy after gonadectomy or there is anti-androgen/GnRH analogue use without estrogen therapy).

Criteria for re-referral:

1. New thrombosis/ cardiovascular disease diagnosis
2. Dissatisfaction with or cessation of hormone therapy
3. Abnormality in estradiol, prolactin, or total testosterone on annual blood work with confirmed adherence to the medications
4. Consider re-referring when the patient reaches:
   1. Age 50 if on oral estrogen therapy
   2. Other: \_\_\_ age for consideration of dose decrease