**DISCHARGE NOTE: Masculinizing 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 years 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. **Assess for ongoing need for birth control (if pregnancy possible)**
3. **Annual biochemical tests:**
	* CBC (testosterone may cause high Hb/Hct – use cis-male reference range)
	* ALT, lipid profile, HbA1c
4. **Age appropriate cancer screening as per general population, including:**
	* Cervical cytology q 3 yrs if sexually active and age 25-69 years, and cervix has not been removed
	* No specific imaging required for breast cancer screening if patient has had chest surgery; however, note that breast cancer is still possible in trans males who have had chest surgery
5. **Bone density:**
	* At age >65 as per Osteoporosis Canada Guidelines
	* Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (earlier if patient stops hormone therapy after gonadectomy or GnRH analogue use without add back hormone therapy).

Criteria for re-referral:

1. New thrombosis/ cardiovascular disease diagnosis
2. Dissatisfaction with or cessation of hormone therapy
3. Consider re-referring when the patient reaches \_\_\_\_ age for consideration of dose decrease