



### ADULT SERVICE INQUIRY FORM

By returning this completed form, you consent to this information becoming part of your electronic medical record at Michigan Medicine.

Please TYPE or clearly PRINT your responses.

Michigan Medicine Medical Record Number (optional): \_\_\_\_\_

Please make sure that your answers to these questions match your legal name and legal sex according to your insurance provider.

Legal first name: \_\_\_\_\_ Legal last name: \_\_\_\_\_

Current legal sex: F M Date of Birth: \_\_\_\_\_

#### PLEASE READ THIS SECTION

If you provide your chosen name, gender identity, sex assigned at birth, and pronouns on this form, **we will add this information to your electronic medical record.** This information will be available to all health care providers and staff using the Michigan Medicine electronic medical record system. **It is your choice whether or not you provide the information in this box, below.** If you provide the information:

- Providers, staff, and automated systems (including automated appointment reminders) should use your chosen name when communicating with you.
- Office visit notes from Michigan Medicine providers should include your chosen name and pronouns.
- Clinic staff may use your chosen name when they call you from a waiting room.
- Your gender identity will appear in addition to your legal sex at various places in your chart.
- If you receive care from a non-Michigan Medicine hospital or emergency room that can access Michigan Medicine's electronic medical record, that other health care system may see this information.
- If a Michigan Medicine provider refers you to a non-Michigan Medicine facility, your chosen name and gender identity may appear along with your legal name and sex.

You may leave any part of this section blank.

Chosen first name: \_\_\_\_\_ Chosen last name: \_\_\_\_\_

Gender: Trans woman Woman Trans man Man Genderqueer Two spirit Nonbinary Other: \_\_\_\_\_

Sex assigned at birth: F M Intersex

Pronouns: She/her Use my name He/him They/them Other: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Home Mobile Work Other: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_ Home Mobile Work Other: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you currently working with a counselor/therapist? Yes No  
If yes... Therapist's name: \_\_\_\_\_ Therapist's phone: \_\_\_\_\_

### Services Desired

(Check all that apply.)

- Counseling / Therapy
- Trans Adult Support Group
- Parent Support Group
- Partner Support Group
- Primary Care Doctor
- Hormones
- Fertility Preservation
- Voice Training
- Voice Surgery
- Breast Augmentation (make breasts larger)
- Mastectomy / Breast Reduction (flatten chest)
- Orchiectomy (remove testicles)
- Hysterectomy / Oophorectomy / Vaginectomy  
(remove uterus / remove ovaries / surgically close vagina)
- Vaginoplasty / Vulvoplasty (create vagina / vulva)
- Metoidioplasty (create penis using clitoris)
- Phalloplasty (create penis using skin graft)
- Hair Removal

Facial Surgery -- There are multiple procedures that can be included within the category of facial surgery. Please check any specific facial surgery procedures that you may be interested in:

- |                                      |                    |                    |
|--------------------------------------|--------------------|--------------------|
| Scalp/Hairline Advancement           | Face/Neck Lift     | Genioplasty (chin) |
| Frontal Reshaping/Setback (forehead) | Brow Lift          | Jaw Contouring     |
| Blepharoplasty (eyelids)             | Rhinoplasty (nose) | Tracheal Shave     |

Surgery Revision -- Surgery to Revise: \_\_\_\_\_

Other services: \_\_\_\_\_

How should CGSP send you further information on the services you are interested in?  
(Please choose only 1)

**Email** - CGSP will use the email address you provided on page 1 of the form. If you would like CGSP to use a different email address, please provide it here: \_\_\_\_\_

**Mail** - CGSP will use your preferred name and the mailing address you provided on page 1 of the form. If you would like CGSP to use a different name or mailing address, please provide it here: \_\_\_\_\_

**Fax** - Please provide your preferred fax number: \_\_\_\_\_

CGSP receives requests from researchers who are looking for participants for their research on transgender healthcare. This research aims to gather information to improve the quality and accessibility of care for transgender and gender diverse individuals.

If you are interested in receiving emails regarding opportunities to participate in research, please check this box:

Receiving the email updates in no way requires you to participate in the research opportunities and you will be able to opt out of receiving these emails at any time by contacting the CGSP office (phone: 734-998-2150, email: [genderservices@med.umich.edu](mailto:genderservices@med.umich.edu)).

If there is any further information you would like to include, please use the space below.

**Return completed forms to CGSP in one of the following ways.**

Fax: 734-998-2152

Mail: Michigan Medicine - CGSP  
4250 Plymouth Rd, SPC 5766  
Ann Arbor, MI 48109

Email: [genderservices@med.umich.edu](mailto:genderservices@med.umich.edu)

**If you have any questions or concerns, please call our office at 734-998-2150 (Monday-Friday, 8:00am - 4:30pm)**