MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Date: _____

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: ☐ M ☐ F ☐ X 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 Man ☐ Trans Woman ☐ Genderqueer ☐ Nonbinary
☐ Man ☐ Woman ☐ Two Spirit ☐ Other: _____

Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them
☐ Use My Name ☐ Other: _____

Sex Assigned at Birth: ☐ M ☐ F ☐ Intersex

Address: _____

City, State, Zip: _____

Phone Number: _____ ☐ Home ☐ Mobile ☐ Work ☐ Other: _____

Email Address: _____

Insurance Provider/Plan Name: _____

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
- ☐ Hair Removal
- ☐ Voice Training
- ☐ Voice Surgery
- ☐ Metoidioplasty (create penis using clitoris)
- ☐ Orchiectomy (remove testicles)
- ☐ Hysterectomy / Oophorectomy / Vaginectomy (remove uterus / remove ovaries / surgically close vagina)
- ☐ Surgery Revision — Surgery to Revise: _____

The surgeries listed below are still available through CGSP, however, there are currently wait lists for consultation appointments.
To inquire about the current lengths of the wait lists, please contact our office.

- ☐ Breast Augmentation (makes breasts larger)
- ☐ Mastectomy / Breast Reduction (flatten chest)
- ☐ Vaginoplasty / Vulvoplasty (create vagina / vulva)
- ☐ Phalloplasty (create penis using skin graft)
- ☐ 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
  - ☐ Frontal Reshaping/Setback (forehead)
  - ☐ Blepharoplasty (eyelids)
  - ☐ Face/Neck Lift
  - ☐ Brow Lift
  - ☐ Rhinoplasty (nose)
  - ☐ Genioplasty (chin)
  - ☐ Jaw Contouring
  - ☐ Tracheal Shave

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

☐ **Patient Portal** - CGSP will send you a message through MyUofMHealth.org. If you do not have an active portal account, CGSP will use the email address you provided on page 1 of the form to send you the information you requested.

☐ **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).

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.

Email:	genderservices@med.umich.edu
Mail:	Michigan Medicine - CGSP 4250 Plymouth Rd, SPC 5766 Ann Arbor, MI 48109
Fax:	734-998-2152

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