GENDER DYSPHORIA CRC PRE-CLEARANCE

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<tr>
<th>DATE</th>
<th>FACILITY</th>
<th>UNIT (optional)</th>
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Date of last contact with medical prescriber:

Contraindications to hormone therapy

**Testosterone Therapy**
- ☐ Breast cancer
- ☐ Breast feeding
- ☐ Hypersensitivity to testosterone
- ☐ Pregnancy
- ☐ Serious cardiac, hepatic, or renal disease

**Estrogen Therapy**
- ☐ Arterial thromboembolic disease (CVA, MI)
- ☐ Breast cancer
- ☐ Current or recent DVT or PE
- ☐ Estrogen-dependent tumor
- ☐ Hepatic disease
- ☐ Hypersensitivity to estrogen

Relative Contraindications

Major medical diagnoses:

Pertinent physical examination findings:

Medications:

Allergies:

Other information:

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<th>PRESENTER’S PRINTED NAME AND TITLE</th>
<th>SIGNATURE</th>
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State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.