

Referral form to the Gender Wellbeing Clinic

Date Referred: Click or tap to enter a date.

ADULT – over 16 years of age **PAEDIATRIC- under 16 years of age**

Personal Details			
ID No/ Passport No	Click or tap here to enter text.		
Name & Surname	Click or tap here to enter text.		
Address	Click or tap here to enter text. Click or tap here to enter text.		
Contact Number	Click or tap here to enter text.		
Age	Click or tap here to enter text.		
Sex at birth	Choose an item.		
<p>Current Legal Gender: Click or tap here to enter text. Preferred Gender: Click or tap here to enter text. Preferred pronouns: Click or tap here to enter text.</p>			
Reason for Referral			
Has the client already started a gender transition?	<p>Choose an item. If yes, who is the medical practitioner managing case: Click or tap here to enter text.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> Surgery related to gender (date and type): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> Medical therapy (date started and type): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. </td> </tr> </table>	Surgery related to gender (date and type): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	Medical therapy (date started and type): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
Surgery related to gender (date and type): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	Medical therapy (date started and type): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.		
<p>Has a social transition to desired gender role already taken place? Choose an item.</p> <p>If yes, duration: Click or tap here to enter text.</p>			
Past Medical History: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	Past Surgical History Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.		
Drug History	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.		
<p>Any Drug Allergies: Choose an item. If Yes: Click or tap here to enter text.</p>			

Social History	Smoking: Choose an item. Amount daily: Click or tap here to enter text. Alcohol: Choose an item. Units weekly: Click or tap here to enter text. Other substance abuse: Choose an item. If Yes, type: Click or tap here to enter text.
Family Support	Choose an item. Any additional comments: Click or tap here to enter text.
Further notes	Click or tap here to enter text.
Any scanned notes (to be sent together with referral ticket) - No of sheets Click or tap here to enter text.	
Name & Surname of person making referral: Click or tap here to enter text.	
Profession: Click or tap here to enter text.	
Council Registration No: Click or tap here to enter text.	
Contact No: Click or tap here to enter text.	
Signature/ Electronic Signature (if available): Click or tap here to enter text.	
<p>Once duly filled, a soft copy of this form may emailed to transhealthcare.health@gov.mt</p> <p>An appointment for an initial assessment will be sent by post at the indicated address.</p> <p>This form will NOT be processed if the referring person is not identifiable or contactable.</p>	
For administrative Use Only	<p><i>Date Received:</i> Click or tap here to enter text.</p> <p><i>Appointment given:</i> Choose an item.</p> <p><i>Date of appointment given:</i> Click or tap to enter a date.</p> <p><i>Category: New Case/ Fast Track</i></p> <p><i>Comments:</i> Click or tap here to enter text.</p>