

Sex Assigned at Birth ☐ Male ☐ Female

Gender Identity: \_\_\_\_\_ M to F F to M

Preferred Pronouns: \_\_\_\_\_

Anatomy	Anatomy Status	Comments
Breasts <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Chest Reconstruction <input type="checkbox"/> Bilateral Mastectomy <input type="checkbox"/> Unilateral Mastectomy, Right <input type="checkbox"/> Unilateral Mastectomy, Left <input type="checkbox"/> Breast Augmentation/Implants	Date: Date: Date: Date: Date:
Uterus <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Hysterectomy	Date:
Ovaries <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Bilateral salpingo-oophorectomy <input type="checkbox"/> Unilateral salpingo-oophorectomy, Right <input type="checkbox"/> Unilateral salpingo-oophorectomy, Left	Date: Date: Date:
Cervix <input type="checkbox"/> Present <input type="checkbox"/> Absent		
Vagina <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Colpocleisis – closure of vagina <input type="checkbox"/> Vaginoplasty	Date: Date:
Penis <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Phalloplasty (creation of penis from skin flaps)/penile implant <input type="checkbox"/> Metoidioplasty (creation of penis from Clitoris – multiple surgeries) <input type="checkbox"/> Erectile device <input type="checkbox"/> Penectomy	Date: Date(s): Date: Date:
Testes <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Testicular implant(s) <input type="checkbox"/> Bilateral orchiectomy <input type="checkbox"/> Unilateral orchiectomy, Right <input type="checkbox"/> Unilateral orchiectomy, Left	Date: Date: Date: Date:
Urethra <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Urethral lengthening	Date:
Prostate <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Prostatectomy	Date:

Patient Name: \_\_\_\_\_

Signature of SANE: \_\_\_\_\_