



GENDER AFFIRMING CARE QUESTIONNAIRE

IEHP would like to identify Practitioners who have experience and interest in providing high quality care to gender-affirming members. Please complete the following survey if you would like to be listed in our Provider Directory, as a Practitioner available to our gender-affirming members.

Practitioner Name	License	NPI
1. Please assess your ability in providing high quality care to gender-affirming Members: ☐ No Experience ☐ Minimal ☐ Moderate ☐ Advanced		
2. Approximately how many gender-affirming patients have you cared for in the past twelve (12) months? ☐ None ☐ 1 – 2 ☐ 3 – 9 ☐ 10 – 25 ☐ Over 26		
3. How long have you been providing care to gender-affirming patients? ☐ Under 1 year ☐ 1 – 5 years ☐ 6 – 9 years ☐ Over 10 years		
4. What training, if any, have you received to treat gender-affirming patients. <i>(Please provide documentation for all that apply)</i> ☐ Continuing Medical Education (CME) events. ☐ Other ☐ Transgender Certifications through WPATH ☐ None ☐ Member of World Professional Association for Transgender Health (WPATH)		
5. Please provide evidence of the following annual staff training on gender-affirming Care, that includes: ☐ Agenda ☐ Sign in Sheet ☐ Policies and Procedures		

Please identify your skill level for the Gender-Affirming Service(s) below:

		No Experience	Minimal	Moderate	Advanced
1.	Feminizing Mammoplasty	☐	☐	☐	☐
2.	Male Chest Reconstruction	☐	☐	☐	☐
3.	Mastectomy	☐	☐	☐	☐
4.	Gender-Confirming Facial Surgery	☐	☐	☐	☐
5.	Hysterectomy	☐	☐	☐	☐
6.	Oophorectomy	☐	☐	☐	☐
7.	Penectomy	☐	☐	☐	☐
8.	Orchiectomy	☐	☐	☐	☐
9.	Feminizing Genitoplasty	☐	☐	☐	☐
10.	Metoidioplasty	☐	☐	☐	☐
11.	Phalloplasty	☐	☐	☐	☐
12.	Scrotoplasty	☐	☐	☐	☐
13.	Voice Masculinization or Feminization	☐	☐	☐	☐
14.	Hormone Therapy Related to Gender Dysphoria or Intersex Conditions	☐	☐	☐	☐
15.	Gender-affirming gynecological care	☐	☐	☐	☐
16.	Voice Therapy Related to Gender Dysphoria or Intersex conditions	☐	☐	☐	☐