

# GENDER DYSPHORIA (03/22) (101528)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: \_\_\_\_\_

CC \_\_\_\_\_

Have the symptoms been present for at least 6 months duration (Y/N): IN CHILDREN, At least 6 of the following: 1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender). 2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing. 3. A strong preference for cross-gender roles in make-believe play or fantasy play. 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender. 5. A strong preference for playmates of the other gender. 6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities. 7. A strong dislike of one's sexual anatomy. 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning IN

HPI

ADOLESCENTS, At least 2 of the following: 1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics). 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics). 3. A strong desire for the primary and/or secondary sex characteristics of the other gender. 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender). 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender). 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender). B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning (such as school) History of anxiety History of depression: History of other behavioral concerns:

freeform

ROS \_\_\_\_\_

Structured ROS

Pert: bullying	
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Pert: Concerns with behavior	
Pert: feeling scared or anxious	
Pert: thoughts that you would be better off dead or of hurting yourself in some way	
Pert: trouble concentrating	
Pert: decreased interest in social activities and hobbies that used to be pleasurable	
Pert: sense of worthlessness	
Pert: feeling sad	
Pert: change in language, academic or work performance	
Pert: diffused abdominal pain	
Pert: high stress levels	
Pert: not sleeping well	
Pert: Weight loss or gain	

**Structured exam**

Pert: Tanner stage	
Pert: external genitalia & vagina: no vulvar erythema, no discharge	
Pert: concentration	
Pert: activity level	
Pert: mood & affect	
NL: orientation to time, place & person	
Pert: judgment & insight	
NL: age appropriate social/language interaction	
NL: cranial nerves	
NL: inspection (includes subcutaneous tissue): no rash	
NL: abdomen: soft, nontender/nondistended, normal bowel sounds, no mass	
NL: auscultation of heart: regular rate & rhythm, no murmur	
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	
NL: neck: supple, trachea midline, no masses or significant adenopathy	
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	
Pert: parent-child interactions	
NL: well groomed	
NL: nourished	
NL: general appearance: alert, pleasant, not ill appearing, no distress	
Pert: appearance of prepubertal external genitalia and introitus	
Pert: penis	
Pert: scrotal contents: testes descended bilaterally, no tenderness or mass	

**Remaining template documentation elements**

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<b>Counseling:</b>	In discussion with patient: 1. Concerns of suicidal ideation or attempts 2. Self-image 3. History of bullying 4. Relationship difficulties 5. Patient impression of family support / approval 6. Self-injurious behavior
<b>Coordination of Care:</b>	_____
<b>Diagnosis:</b>	Gender identity disorder, unspecified(F64.9)
<b>Assessment:</b>	Gender Dysphoria, consistent with DSM-5 criteria
<b>Plan:</b>	Extensive discussion with patient and family about gender dysphoria Reviewed vital importance of strong supportive environment and a comprehensive care team Reviewed how social support, from family, friends, peers, can be a protective factory against developing depression, anxiety, suicidal thoughts, or high-risk behaviors. Stressed importance of self-care, appropriate sleep, diet, exercise, and relaxation time. Local / community / online resources or support groups reviewed Discussed a goal of treatment is to help find the gender role that feels comfortable, easing any distress. Noted this is a very individualized process, with treatments patient on patient goals, as well as an evaluation of the risks and benefits of medication use. Discussed that treatment options can include changes in gender expression and role, hormone therapy, surgery, and behavioral therapy. For therapy, noted potential options of individual, group, and family counseling, with a goal of helping patient feel comfortable expressing gender identity, enabling success in relationships, school, work environments. Reviewed

the risks of co-morbid mental health concerns, especially anxiety and depression, that also need careful monitoring and treatment if applicable  
Reviewed potential need for laboratory evaluation  
Discussed consideration of future fertility and assessment of desire for fertility preservation, with appropriate referrals if indicated

**Patient Instructions:**

**Remaining workflow elements**

**Procedures**

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**Orders**

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