



QUESTIONNAIRE FOR:
PROVIDERS FOR TRANSGENDER MEMBERS

IEHP is interested in identifying Providers who have experience and interest in providing high quality care to Transgender Members. Please complete the following survey.

Form fields for NPI, LAST NAME, FIRST NAME, SPECIALTY, EMAIL, PHONE, and FAX.

1. Are you willing to be listed in our Provider Directory as a provider available to our Transgender Members?

- Yes No, (You may stop survey)

2. Please assess your ability in providing high quality care to Transgender Members:

- Advanced Moderate Minimal No experience (Move to Question 6)

3. What services do you provide to Transgender patients? (Select all that apply)

- Hormone Treatment Mental Health Services Integrated mental and physical health service model Procedures (surgical, office-based) and what type: Other

4. Approximately how many Transgender patients have you serviced in the past twelve (12) months?

- None 1-2 3-9 10-25 Over 25

5. How long have you been providing care to Transgender patients?

- Under 1 year 1-5 years 5-9 years Over 10 years

6. What training, if any, have you received to treat Transgender patients? (Select all that apply)

- CME events. Please list organization that provided CME: Member of World Professional Association for Transgender Health (WPATH)? Transgender certifications through WPATH? None Other:

7. What clinical practices guidelines/resources do you use in providing transgender care? (Select all that apply)

- WPATH Standards of Care UCSF Center of Excellence for Transgender Health - Guidelines for the Primary and Gender - Affirming Care of Transgender and Non-Binary People Endocrine Society Clinical Practice Guidelines None Other, please list:



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8. What steps have you taken to make your practice trans-friendly? (Select all that apply)

- Staff Trainings? When was the last training? \_\_\_\_\_
- Office policies/procedures?  Bathroom policies
- Unique gender identification/name/pronoun capture in EMR?  None

9. Have you ever written a letter to support the acquisition of gender affirming surgery?

- Yes  No

10. Are you willing to write letters to support the acquisition of gender affirming surgery?

- Yes  No

11. How many of these letters have you written in the past twelve (12) months?

- None  1 – 3  3 – 10  Over 10

12. What resources would you recommend IEHP offer to support you in your efforts at providing high quality transgender care? Any other comments:

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