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

NPI: __________________________

LAST NAME: __________________________  FIRST NAME: __________________________

SPECIALTY: __________________________  EMAIL: __________________________

PHONE: __________________________  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 proving 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: __________________________
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: