



The following information is private and confidential.

Dear Medical Administration,

I have previously attended or am a new patient at this health service and would like to provide you with current personal information for my patient file. This letter is to advise that I am a member of the trans and gender diverse community.

I use the name: _____

This is / is not the name listed on my Medicare card.

My gender is: _____

My pronouns are: _____

I kindly request that a note is made on my patient file about my correct name and pronouns. I request that I am referred to by all staff with the name and pronouns that I have provided above.

Please use medical language and/or the following terms for my genitals:

Please use medical language and/or the following terms for my chest:

I do menstruate

I do not menstruate

Prefer not to say

I would prefer you to use the following terms when discussing this topic:

If you have any questions, please ask me discreetly as I would prefer not talk about my gender identity out in the open.

Thank you for updating my records to be accurate.

Kind regards,