# My Personal Story document.

In preparation for your first appointment with the Porterbrook Gender Identity Clinic

***Please complete and return this questionnaire before you attend your first appointment with the Porterbrook Gender Identity Clinic****.*

*A digital copy of this document can be downloaded on the Porterbrook clinic website on the appointments page:* [*www.shsc.nhs.uk/services/gender-identity-clinic/appointments*](http://www.shsc.nhs.uk/services/gender-identity-clinic/appointments)

You can also request a physical copy of this document to be posted to your address if you are unable to complete the digital version. If you wish for a physical copy of this document, then please contact Porterbrook gender identity clinic reception via telephone or email and request this using the information below.

*You can return this completed document via email or post it back to the clinic.*

*You can email the completed document to* [*porterbrook@shsc.nhs.uk*](mailto:porterbrook@shsc.nhs.uk) *or post it to Porterbrook Clinic, 75 Osborne Road, Michael Carlisle Centre, Sheffield, S11 9BF, United Kingdom.*

|  |  |
| --- | --- |
| **Name:** |  |
| **Preferred name:**  ***(If different to legal name)*** |  |
| **Date of Birth:** |  |
| **Pronouns:** |  |
| **Current Gender Identity:** |  |

**What are your wishes and expectations for your treatment from the Porterbrook clinic?**

*(Please tick or fill any of the following boxes)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Peer Support** | **Voice & Communication Therapy** | **Fertility preservation**  **treatment** | **Hormones** | **Surgery** |

*Please provide additional details here:*

|  |
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|  |

**Please tell us about your experience of your gender to date**

*For example, when did you first start to question your gender identity, what did this look like?*

*What is your relationship with your body?*

*Have you begun your social transition? If so, when did you begin your social transition and what steps have you taken in your social transition? What steps are you wishing to take in the future?*

|  |
| --- |
| **Continued:** |

|  |  |  |
| --- | --- | --- |
| **Have you changed your name by deed poll certificate?** | | |
| **No** | **Yes** | **Details** (e.g. date on certificate, name on certificate) |
|  |
| *If you do have a deed poll certificate, please you email a copy of this to* [*porterbook@shsc.nhs.uk*](mailto:porterbook@shsc.nhs.uk) *so this can be added to your records.* | | |

**Have you had any previous input from gender identity services?**

*Have you been seen by or under the care of, any other gender identity services?*

*if so, please include the details below (please include any contact with other NHS gender clinics, any private gender healthcare or clinics, and any public or private gender healthcare from any other part of the UK, or internationally)*

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| --- | --- | --- | --- | --- | --- |
| **Current weight:** |  | **Current height:** |  | **Current BMI:** |  |

*Please use the following link to calculate your BMI: Calculate your body mass index (BMI) - NHS - NHS (www.nhs.uk)*

|  |  |  |
| --- | --- | --- |
| **Do you have any diagnosed physical health conditions:** | | |
| **No** | **Yes** | **Details** (e.g. diagnosis, date of diagnosis) |
|  |
| **Do you have any allergies?** | | |
| **No** | **Yes** | **Details** (e.g. medicine, food especially nuts) |
|  |
| **Are you already taking gender affirming hormones?** | | |
| **No** | **Yes** | **Details** (e.g. medicine, dose, duration, supplier) |
|  |
| **Are you prescribed any other medications?** | | |
| **No** | **Yes** | **Details** (e.g. medicine, dose, duration) |
|  |
| **Do you have any diagnosed mental health conditions?** | | |
| **No** | **Yes** | **Details** (e.g. diagnosis, date of diagnosis) |
|  |
| **Have you been diagnosed with any form of neurodiversity?** (e.g. ADHD/Autistic Spectrum Condition/Dyslexia/Dyspraxia etc) do you self-identify as neurodiverse? Do you need any adjustments to appointments or how we communicate with you because of this? | | |
| **No** | **Yes** | **Details** (e.g. diagnosis, when) |
|  |
| **Do you receive any input from mental health or psychotherapeutic services?** | | |
| **No** | **Yes** | **Details** (e.g. service, date, duration) |
|  |
| **Have you had a general anaesthetic before?** | | |
| **No** | **Yes** | **Details** (e.g. when, what procedure, any complications) |
|  |
| **Do you have any forensic history or history with the police?** | | |
| **No** | **Yes** | **Details** (e.g. cautions, convictions, sexual offences etc) |
|  |
| **Do you smoke or vape?** | | |
| **No** | **Yes** | **Details** (e.g. frequency) |
|  |
| **Do you take any drugs recreationally?** | | |
| **No** | **Yes** | **Details** (e.g. type, frequency) |
|  |

**Do you drink alcohol?**

**No Yes**

**Details** *(e.g: how many units of alcohol do you drink per week, do you have any history of alcohol addiction* Please use the following link to calculate your alcohol unit intake Alcohol units - NHS (www.nhs.uk)

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**Has anyone in your family, had problems with any of the following?:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Yes** | **No** | **Details** (e.g. which relative, at what age did the condition start or occur) |
| Blood clots  (e.g. in legs or lungs) |  |  |  |
| Heart attack |  |  |  |
| Diabetes |  |  |  |
| Cancer (e.g. breast, ovarian, cervical, endometrial) |  |  |  |
| **Any other important medical conditions?** | | |  |

**Please share any other relevant information you feel is important for us to know ahead of your appointment.**

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**Next of Kin information:**

Please complete the below section with your chosen Next of Kin who you wish for Porterbrook clinic to contact in case of an emergency.

|  |  |
| --- | --- |
| **Name:** |  |
| ***Relationship to you:*** |  |
| **Contact number:** |  |
| **Address:** |  |

**Thank you for taking the time to complete this My Story document.**

When completed please email to [porterbrook@shsc.nhs.uk](mailto:porterbrook@shsc.nhs.uk) with the subject: ‘My Personal Story Document’ detailing **your name**, **date of birth and the date of your appointment**.

You can alternatively send this document back via post using the address detailed at the bottom of this form.

**Please be aware in sending this form back via email, you give consent for Porterbrook clinic to contact you using your email address in the future.**

*If you have a deed poll certificate, can you please email a copy of this over also, so it can be added to your records.*

You can also request a physical copy of this document to be posted to your address if you are unable to complete the digital version. If you wish for a physical copy of this document, then please contact Porterbrook gender identity clinic reception via telephone or email and request this using the information below.

**If you require support completing this document:**

You can access support completing this document from Porterbrook clinics peer support team. Please see the link below for details on how to access Porterbrook clinics Peer Support Team.

<https://www.shsc.nhs.uk/gender-services-peer-support-team>

You are also able to contact them using the following email address:

[Porterbrooksupport@shsc.nhs.uk](mailto:Porterbrooksupport@shsc.nhs.uk)

***We look forward to seeing you soon for your first appointment!***

**For more information while you await your upcoming appointment please visit:**

[Gender Identity Clinic | Sheffield Health and Social Care (shsc.nhs.uk)](https://www.shsc.nhs.uk/services/gender-identity-clinic)

Contact us:

Telephone: 0114 2716671

Email: [porterbrook@shsc.nhs.uk](mailto:porterbrook@shsc.nhs.uk)

Porterbrook Clinic

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