

THE CENTER FOR GENDER REASSIGNMENT

400 WEST BRAMBLETON AVENUE

SUITE 300

NORFOLK, VIRGINIA 23510

(804) 623-1090

Date _____

This application form must be accompanied by a recent photograph which will remain a permanent part of your of your medical record. Without a photograph, your file will not be considered complete.

NAME (currently using) _____

NAME (legal) _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

ADDRESS _____
(no.) (street) (city) (state) (zip)

PHONE (home) _____ (work) _____
(area code) (no.) (area code) (no.)

HEIGHT _____ WEIGHT _____

GENDER OF CHOICE _____ Male _____ Female

ANATOMIC SEX _____ Male _____ Female

I dress exclusively as a _____ for _____ months.

HORMONES _____
(Type) (Dose) (Frequency) (How long)

Prescribing Physician _____
(Name)

(No.) (Street) (City) (State) (Zip)

PERSON REFERRING YOU TO THE PROGRAM _____

Have you ever been evaluated by another gender program? _____ Yes _____ No

If yes, please list the centers indicating the dates of treatment and the reasons you left that program.

What do you feel is the most significant difference between being a man and being a woman?

Please rank order all of the reasons listed below in terms of their importance to you in seeking sex reassignment surgery.

Male to female

- | | |
|---|--|
| <input type="checkbox"/> sexual function | <input type="checkbox"/> legal identity |
| <input type="checkbox"/> social acceptance | <input type="checkbox"/> job/vocational success |
| <input type="checkbox"/> improved marital relationship | <input type="checkbox"/> feel more complete as a woman |
| <input type="checkbox"/> feel more complete as a female | |

Female to Male

- | | |
|--|--|
| <input type="checkbox"/> sexual function | <input type="checkbox"/> legal identity |
| <input type="checkbox"/> social acceptance | <input type="checkbox"/> job/vocational success |
| <input type="checkbox"/> improved marital relationship | <input type="checkbox"/> standing to urinate |
| <input type="checkbox"/> feel more complete as a male | <input type="checkbox"/> feel more complete as a man |

After surgery, what do you anticipate your life style will be?

What is your understanding and reaction to possible complications and/or discomfort involved in surgery?

Please briefly describe what ;you think your problem is.

Please comment on your understanding of The Center For Gender Reassignment "program" and how you think we can help you.

Please write a ONE PAGE autobiography describing those events in your life which you feel were most important in contributing to your development and your current feelings about yourself.

FAMILY AND PERSONAL HISTORY

Mother (Name) _____

(Address) _____

(Occupation) _____

Father (Name) _____

(Address) _____

(Occupation) _____

Were your parents divorced? ___Yes ___No Your age at time of divorce ___

Who brought you up? (Indicate relationship) _____

Please list the names, ages, and sex of all your brothers and sisters in order of birth.

Briefly describe what it was like for you growing up in your family, e.g., to whom were you closest, who were your parents' favorites, with whom did you fight most often, with whom did you get along, who understood you the best, which parent had the most influence, etc.

What was the overall atmosphere in your family?

Did you ever feel rejected by anyone in your family? By whom?

Briefly comment on the frequency with which you communicate with your parents.

Do your parents know about your decision to cross-live? ___Yes ___No

If yes, how do your parents feel about your desire to cross-live and to undergo sex reassignment surgery?

If your parents do not know, please indicate when and how you plan to tell them.

What is your best guess as to their reaction?

Have you or any member of your family ever been in psychotherapy? Please indicate who and for how long.

Have you or any member of your family ever been hospitalized for psychiatric reasons. Indicate who and for how long.

Is there a history of heavy drinking in your family? ___Yes ___No

If yes, please briefly describe who had the problem and indicate how you feel this drinking affected you.

Are you on welfare? Yes No

If yes, for how long? _____

Have you been on welfare in the past? Yes No

If yes, for how long? _____

How often have you found it necessary to use prostitution as a means of support? Please briefly comment.

Age entered school Number schools attended Highest grade

Describe what it was like for you in high school both in terms of your grades and academic accomplishments as well as your social life.

SOCIAL AND PSYCHOLOGICAL HISTORY

Have you ever served in the Armed Forces? ___ Yes ___ No
If yes, were you ___ Yes ___ No

What made you decide to join the military?

Did the military experience live up to your expectations?

Did you have any significant relationships while in the service?
Briefly describe.

Under what conditions did you leave the military?

If you did not serve, please indicate how you avoided military duty and why.

Have you experienced any harassment by law enforcement agencies? If yes, briefly describe.

Have you ever been convicted of any crime? If yes, briefly comment.

What, if any, problems with the legal system do you anticipate as a result of your decision to cross-live?

Have you ever been involved in the use of drugs? ___ Yes ___ No
Please indicate which drugs you have used and the frequency of use:

	Casual	Frequent	Addicted
Marijuana	___	___	___
Barbiturates	___	___	___
Amphetamines	___	___	___
Hallucinogens	___	___	___

Please list your current medications and the condition for which they are prescribed.

Have you ever attempted suicide? Yes No

If yes, please list the attempt (s) indicating your age at the time of the attempt (s) and the method you used.

Have you ever seriously considered suicide or other self-destructive acts? Yes No If yes, please briefly describe.

Have you ever thought about committing suicide or other self-destructive acts? Yes No If yes, please briefly describe.

Have you ever attempted genital injury? Yes No

Are you currently married? Yes No

If yes, are you married as a man woman

Briefly describe what your spouse thinks about your plans for sex reassignment.

Please list your marriages, indicating your age at the time of marriage, length of marriage, your gender role and whether you are now legally divorced. The reasons for divorce should also be noted.

Have you ever parented any children? Yes No

If yes, please list indicating names, ages, sex and with whom they live.

Please describe your current relationship with your children and the frequency with which you see them.

Describe your children's reaction to your gender problem.

If they are not aware of your plans, how do you propose to tell them and how do you plan to relate to them after making the change?

Please indicate your religious affiliation in childhood _____
Currently _____

Briefly describe what your religion meant to you growing up and what role is currently plays in your life.

What do you think your church's attitude is toward persons who cross-live? Toward sex reassignment surgery?

Describe a typical week's activities for you.

With whom do you live?

Do any of your friends know of your plans? Yes No If yes, what has been their reaction?

Do you have any friends or acquaintances who are transsexuals? Yes No

SEXUAL AND GENDERAL HISTORY

Describe your parents' attitudes towards sex.

How did you find out about sexual behavior?

What were your earliest fantasies about sex?

Describe in detail your first sexual encounter with a male, indicating what fantasies were associated with that encounter.

Describe in detail your first sexual encounter with a female, indicating what fantasies were associated with that encounter.

In general, how important a part does sex play in your life?

What did you first experience orgasm and how was this achieved? (e.g. masturbation, with a male or with a female, etc.)

How many stable (three months or longer) sex partners have you had?

Write a brief history of your sexual contacts, including both male and female partners. Please indicate what was pleasurable about these contacts and what was not pleasurable or not comfortable about them.

Does your current sexual activity involve your genitalia?

Describe your preferred method of sexual contact (e.g., preferred partner; type of sexual contact; degree of activity; associate fantasy, etc.)

What do you understand the term "transvestite" to mean? What are your feelings about transvestitism?

What do you understand the term "transsexual" to mean? What are your feelings about transsexualism?

What do you understand the term "homosexual" to mean? What are your feelings about homosexuality?

Age at which you first cross-dressed ____in public ____in private

Please describe briefly the nature and frequency of ;your cross-dressing and your feelings when you are so attired.

How do you currently dress? ___as a man ___as a woman

Have you ever attempted to live exclusively in the role of choice? ___Yes
___No

If yes, please indicate the length of time and the degree of success you experienced in passing.

Have you undergone any surgical procedures to assist passing? ___Yes ___No
If yes, please indicate which operations.

Please indicate what operations you plan in the future to assist adjustment to the role of choice.

Have you had any hormonal therapy? Yes No

As a result of hormones, I have noticed these changes male to female:

Breast Development I feel more anxious I feel no different
 I have no erections I feel less anxious other, please describe

As a result of hormones, I have noticed these changes female to male:

reduced breasts I feel more anxious I feel more excitable
 new body hair I feel no different I feel less anxious
 voice changes other, please describe

Why do you want sex reassignment surgery?

What differences do you feel surgery will make in your life?

What does it mean to you to be a woman? (Everyone should answer both this questions and the following one.)

What does it mean to you to be a man? (Please answer both this question and the preceding one regardless of your gender of choice.)

Which of your qualities, characteristics and experiences do you feel make you a particularly good candidate for surgery?

What kind of adjustments do you think you would have to make after surgery?

Can you anticipate any problems?

You are required to list at least three persons (family and friends), their addresses and telephone numbers. These should be persons who always know your whereabouts and/or how to contact you in the future. Please list their names, addresses and telephone numbers.

Name	_____	Phone	_____
Address	_____		_____
Name	_____	Phone	_____
Address	_____		_____
Name	_____	Phone	_____
Address	_____		_____

List all professional persons who have been involved in your efforts to cross-live.