Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:
(Name, DOC#, DOB)

GENDER DYSPHORIA CRC PRE-CLEARANCE

DATE	FACILITY	UNIT (optional)

Date of last contact with medical prescriber:

Contraindications to hormone therapy

Testosterone Therapy

☐ Breast cancer ☐ Breast feeding ☐ Hypersensitivity to testosterone

☐ Pregnancy ☐ Serious cardiac, hepatic, or renal disease

Estrogen Therapy

☐ Arterial thromboembolic disease (CVA, MI) ☐ Breast cancer ☐ Current or recent DVT or PE

☐ Estrogen-dependent tumor ☐ Hepatic disease ☐ Hypersensitivity to estrogen

Relative Contraindications

Major medical diagnoses:

Pertinent physical examination findings:

Medications:

Allergies:

Other information:

PRESENTER'S PRINTED NAME AND TITLE	SIGNATURE