|  |
| --- |
| **Lothian Trans Support Referral Form** |
| **Please include any information that feels relevant and that you are comfortable sharing. This will help us to respond to your enquiry and ensure that any support we can offer is suitable for you.** **If you need any support with this form just contact us on the email below.** |
| The name you’d like us to use for you and your pronouns (optional): |  |
| First part of postcode (e.g. EH6): |  |
| Age: |  |
| Do you have any health issues or disabilities that you’d like us to know about? Are there any things we could put in place to enable us to support you better? |  |
| How did you hear about our service? |  |
| Please describe your gender: |  |
| If you are considering or pursuing medical transition, please provide any relevant information you're comfortable sharing (for example: date of referral to Gender Identity Clinic, are you currently under NHS/private care, etc) |  |
| What are you hoping to get from LGBT Health and Wellbeing?* Emotional/mental health support – a trans friendly counsellor or therapist etc?
* Practical transition support – e.g. how to legally change your name, what happens at a GIC appointment, what surgery is available to me etc?
* Information – where can I get support for a specific issue, e.g. my legal rights, hormone levels?
* Social spaces – meeting others in a similar situation?

Other? |  |

**Please return this form to LTSP@lgbthealth.org.uk**