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PROVIDING PRIMARY CARE TO TRANSGENDER ADULTS

- Create an affirming and welcoming environment for transgender people.
- If uncertain about a patient's gender, ask for the preferred name, gender pronouns, and terminology.
- Provide physical examination and preventive screening based on the patient's anatomy, sexual behavior, and hormone and surgical therapy status; be alert to mental health issues.
- Become familiar with standards for gender-affirming care, including long-term hormone therapy and surgery, that patients may have had or may have in the future.

Nearly 700,000 people in the United States are transgender,¹ meaning they have a difference between the gender they identify as and the sex they were assigned at birth. While the transgender population is not large, it is important for health care providers to be equipped to care for transgender patients. The transgender experience creates unique health care needs, but many transgender individuals avoid medical care because they fear discrimination or have had a previous negative experience. Those who do seek care may avoid discussing gender with providers or find that few providers have an appropriate understanding of their social and health concerns

(Box 1²⁻⁴).^{5,6} This lack of access to quality care has historically led transgender people to self-manage their health care, sometimes using medically unsupervised hormone treatment and silicone injections that may have serious complications.

BOX 1. HEALTH AND SOCIAL INEQUALITIES AFFECTING THE TRANSGENDER COMMUNITY²⁻⁴

People of transgender experience face increased risks of

- Depression and suicide
- Anxiety
- Trauma and posttraumatic stress
- Tobacco and substance use
- Poverty, homelessness, and unemployment
- Intimate partner violence
- Hate violence and sexual abuse
- Sexually transmitted infections, including HIV

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RESOURCES FOR PATIENTS



You can support transgender patients and encourage them to seek quality health care. Take a sensitive, affirming approach in your practice by

- creating a welcoming environment (**Box 2**^{2,7,8}),
- discussing the patient's needs and priorities,
- providing appropriate screenings and referrals to providers with specialized training and clinical competencies (eg, for hormone or surgical treatment and transgender-specific mental health concerns),
- addressing health concerns related to hormonal interventions or surgeries,

- assisting with corrections to legal documents such as birth certificates.

GET TO KNOW YOUR PATIENT

If you are uncertain of a patient's gender identity, explain that you ask all patients about gender out of respect for their right to self-identify (see **Box 4**^{7,9} for sample questions).⁷ Ask for clarification of unfamiliar terms and apologize promptly if you say anything that has offended the patient.^{7,10,11} Some providers choose to ask about gender identity on the patient intake form.

As with all patients, use a nonjudgmental and empathetic approach to the interview.^{7,12} Be sensitive and patient; fear or

BOX 2. CREATING A WELCOMING ENVIRONMENT^{2,7,8}

- Provide patient intake forms that use trans-inclusive language (**Resources**).
- Understand and train staff on gender-related terminology (**Box 3**^{2,10,13-15}).
- Ask patients about their preferred name and pronouns, which may not match their legal documentation or insurance card.
- Instruct staff to use respectful, nonjudgmental language and to use the patient's preferred name and pronouns (**Resources—Training**).⁸
- Provide gender-neutral bathrooms.²
- Post nondiscrimination statements that include gender identity and expression (**Resources**).
- Display posters and/or pamphlets with trans-affirming images and messages.
- Subscribe to LGBT-oriented news or entertainment magazines.
- Give patients a written confidentiality statement to reinforce that their information is protected.
- Acknowledge relevant observances, such as LGBT Pride, Trans Pride, and Transgender Day of Remembrance.
- Give transgender patients a list of community resources and direct them to the [NYC Health Department trans health page](#) (**Resources**).
- Consider advertising your practice through LGBT organizations and media.⁷

Adapted from Gay and Lesbian Medical Association. [Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients](#) (**Resources**).

BOX 3. GENDER-RELATED TERMINOLOGY^{2,10,13-15}

- **Sex:** a collection of primary (vagina, penis) and secondary (facial hair) biological, anatomical characteristics placed in male, female, or intersex categories.
- **Gender-affirming care:** medical or surgical treatments that alter a person's biological sex to correspond with inner gender identity.
- **Gender identity:** one's sense of self as a man, woman, or an alternative gender. Gender identity may not correspond with the biological sex assigned at birth.²
- **Gender expression:** the way a person represents or expresses their gender identity to others, often through behavior, clothing, hairstyles, voice, or body characteristics. Gender expression may not correspond with a person's gender identity or gender perceived by an observer.^{2,10,13}
- **Transgender:** describes a person whose gender identity and/or gender expression differs from or transcends the culturally defined gender that was assigned at birth. "Transgender" can describe a wide range of experiences and forms of expression.^{2,14}
 - **Transgender man, transman, transmasculine person:** a person with a masculine identity who was assigned female sex at birth.
 - **Transgender woman, transwoman, transfeminine person:** a person with a feminine identity who was assigned male sex at birth.
- **Gender nonconforming or genderqueer:** a person who does not fully embrace either a female or male identity.
- **Transition:** the period when a transgender person starts to live as a member of a different gender than that assigned at birth. Transition may include changes in name, pronouns, and gender expression; cosmetic changes; medical treatment; and surgery. Length of transition is different for each person.²
- **Transsexual:** a medical term for a person who has pursued or wants to pursue body-altering hormone or surgical therapy to live as a member of a gender other than that assigned at birth.²
- **Gender dysphoria:** a clinical diagnosis in the DSM-5^a defined as marked incongruence between a person's experience/expressed gender and that person's primary and secondary sexual characteristics. For clinical diagnosis, there must be evidence of significant distress or impairment to social, occupational, or other important areas of functioning.¹⁵

^aAmerican Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*; 2013.¹⁵

BOX 4. TALKING ABOUT GENDER—SAMPLE QUESTIONS^{7,9}

Ask only necessary or relevant questions and explain why you're asking them.⁷

- What name and gender pronouns do you prefer?
- How would you describe your gender identity?⁹
- Have there been changes to your gender identity over time?⁹
- Have you ever pursued any changes to your appearance or body to bring it closer to your sense of self? Is this something you've thought about pursuing in the future?⁹

distrust due to previous experiences may affect a transgender patient's readiness to open up.⁷ Ask what would make her or him feel that medical and other needs are addressed.

TAKE A SEXUAL HISTORY

Don't make assumptions about past or future sexual behavior or partners. Anyone can have sex partners of any gender, and sexual behavior can change over time. Make the sexual history part of routine ongoing care for all patients (see **Box 5** for sample questions).¹² Use the language your patients use to describe themselves, their bodies, their sexual activities, and their partners.¹⁰

Ask only clinically relevant questions about

- types of sex, partners' gender, and number of partners,
- contraception, condom and barrier use, and frequency of use,
- STI history,
- potentially risky sex practices (eg, using drugs while having sex), which may indicate a need for safer sex counseling,
- experience of sexual abuse and intimate partner violence (**Resources—City Health Information: Intimate Partner Violence**),
- risk factors for HIV and viral hepatitis, such as sharing syringes or injectable liquid silicone or hormones.

SCREEN FOR SEXUALLY TRANSMITTED INFECTIONS

Screen for

- **HIV, gonorrhea, chlamydia, and syphilis** every 3 to 6 months if the patient reports recurrent STIs, sharing syringes, sex without condoms with a partner who might be at risk, or anal or vaginal sex without condoms with multiple partners.² Make sure that all patients at ongoing risk for HIV know about pre- and postexposure prophylaxis (PrEP and PEP) to prevent HIV infection (**Resources for Patients—NYC Health Department trans health page**).
- **Hepatitis B and C viruses:** Consider screening every 6 to 12 months if the patient reports ongoing risk behaviors such as sharing syringes, vaginal or anal sex without a condom, or a history of prior STIs. Otherwise, screen according to current guidelines.²

See **Resources—City Health Information archives** and **New York City STD/HIV Prevention Training Center** for

recommended STI screening and treatment guidelines.

Vaccinate against vaccine-preventable infections:

- **Hepatitis A and meningococcal disease:** discuss vaccination with transwomen and transmen who have sex with men, because they may be at increased risk.²
- **Human papillomavirus:** vaccinate through age 26 according to current [CDC Advisory Committee on Immunization Practices recommendations](#) (**Resources**).
- **Hepatitis B:** vaccinate if patient is not already immune.²

ASSESS MENTAL HEALTH

Transgender people often face discrimination—which is more common among trans people of color—resulting in unequal access to housing, employment, and health care. These social inequalities, along with trauma, stigmatization, and the stress associated with the transgender experience, can contribute to increased risk for mental health concerns. Screen transgender patients for depression, anxiety, and other mental health conditions (**Table¹⁶⁻²²**).

BOX 5. TAKING A SEXUAL HISTORY—SAMPLE QUESTIONS

Explain that it's important to discuss the patient's sexual practices and that you speak with all your patients about these issues to be sure that their lives are healthy and satisfying.

- Are you sexually active?
- Are you happy with your sex life? What is going right or wrong?
- Do you have sex with men, women, or both? With transgender partners?
- Do you have oral sex, vaginal sex, and/or anal sex and is the anal sex insertive ("top"), receptive ("bottom"), or both?
- Have you ever had a sexually transmitted infection such as HIV, herpes, gonorrhea, chlamydia, syphilis, HPV, or trichomoniasis?
- Do you know your HIV status? When was your last test?
- Do you use condoms or other barriers? How often? For which types of sex?
- Have you had any recurring symptoms or diagnoses?
- How do you keep from getting HIV or other STIs?
- Have you ever had sex when you really didn't want to? Have you experienced any type of sexual violence?

Additional questions to assess risk for HIV and viral hepatitis:

- Have you ever shared liquids or syringes when injecting hormones or silicone?
- Have you or any of your partners ever injected drugs?
- Have you or any of your partners had sex in exchange for money or drugs?

For more information on taking a sexual history and sexually transmitted infections, visit the [New York City STD/HIV Prevention Training Center](#) (**Resources**).

If a patient has a positive screen, strongly consider referral to a mental health specialist with experience in working with transgender people (**Resources for Patients**). A specialized provider can¹⁰

- address mental health diagnoses, which may or may not be related to gender concerns,
- help the patient explore identity,
- facilitate the coming-out process,
- assess and diagnose gender dysphoria, a criterion for accessing gender-affirming health care for most insurances,
- help assess informed consent and readiness for hormone treatment or surgery when needed,
- help provide psychological support for family members.

PROVIDE PHYSICAL EXAMINATION AND PREVENTIVE CARE

Provide primary care appropriate to the person's hormone status, sexual behavior, and physical anatomy, regardless of gender identity or expression.^{2,11} Physical exams may be physically and/or emotionally uncomfortable for the patient. If examination of breasts or genitals is indicated, assess the patient's comfort level, explain the procedure and its risks and benefits, and obtain permission before proceeding.^{2,11} Ask the patient what would make him or her more comfortable with the exam and what words you should use for specific body parts.¹²

Hormone treatment status is a major factor in determining what screenings are appropriate for the patient. Ask patients if

TABLE. MENTAL HEALTH SCREENING FOR TRANSGENDER ADULTS¹⁶⁻²²

Condition	Screen	Next Steps	Resources
Depression	PHQ-2 ¹⁶ : Over the past 2 weeks, have you been bothered by 1. Little interest or pleasure in doing things? 2. Feeling down, depressed, or hopeless?	If "yes" to either question, screen with PHQ-9 ¹⁷	City Health Information: Detecting and Treating Depression in Adults (PHQ-9)
Generalized anxiety disorder	Be alert to: persistent, excessive, uncontrollable worry and anxiety about daily life and routine activities; myalgias, trembling, jumpiness, headache, dysphagia, gastrointestinal discomfort, diarrhea, sweating, hot flashes, and feeling lightheaded and breathless. ²²	If GAD is suspected, screen with GAD-7 ¹⁸	City Health Information: Clinical Guidelines for Adults Exposed to the World Trade Center Disaster (GAD-7)
Tobacco use	Ask about tobacco use	Advise smokers to quit; prescribe pharmacotherapy	City Health Information: Treating Tobacco Addiction
Alcohol	<ul style="list-style-type: none"> • Prescreen: "Do you sometimes drink alcoholic beverages?"¹⁹ • If yes: "How many times in the past year have you had X or more drinks in a day?" (x=5 for natal men aged <65 years, x=4 for natal women and for everyone aged ≥65) 	If ≥ 1, screen with AUDIT	City Health Information: Brief Intervention for Excessive Drinking (AUDIT)
Drug use	"How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?" ²⁰	If ≥ 1, screen with a clinical tool such as NIDA-ASSIST	NIDA-ASSIST City Health Information: Improving the Health of People Who Use Drugs
Posttraumatic stress disorder	Ask, in your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you ²¹ : 1. Have had nightmares about it or thought about it when you did not want to? 2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? 3. Were constantly on guard, watchful, or easily startled? 4. Felt numb or detached from others, activities, or your surroundings?	If "yes" to 3 or more items, refer for mental health evaluation (Resources)	US Department of Veterans Affairs National Center for PTSD

and for how long they've been taking hormones (with or without medical supervision). If the patient reports using hormones without medical supervision, test for HIV and HCV and refer to specialized care for further evaluation (**Resources for Patients—Comprehensive Services**). See **Box 6**^{2,23} for information about hormone treatment that transgender patients may have had or may begin while in your care. Surgical history also affects screening; be sure to ask if the patient has had chest surgery, genital reconstruction (bottom surgery), or removal of uterus or ovaries.

Primary care for transgender women

All Transgender Women

Screen for²

- **Prostate cancer:** digital rectal examination. (PSA is falsely low in androgen-deficient settings, even in the presence of cancer; only consider PSA screening in high-risk patients.)
- **Asthma, chronic obstructive pulmonary disease, and tuberculosis,** which could preclude surgical treatments.
- **Past or risk of future silicone injection:** counsel to avoid treatment outside a medical context or outside the US.

With a Constructed Vagina

- Perform periodic visual inspection with a speculum or anoscope for genital warts, erosions, and other lesions.² First ask the patient about complications from the surgery, such as significant lack of depth or scar tissue, to allow best interpretation of the examination findings. Counsel women about vaginal capacity as it may relate to sex.
- Take a culture swab if STI is suspected.²

Past or Current Hormone Use

Screen for

- **Breast cancer:** order screening mammography if the patient is older than 50 with risk factors (eg, estrogen and progestin use >5 years, positive family history, BMI > 35).²

Currently Taking Estrogen

Routinely ask about cardiac events or symptoms, especially during the first 1 to 2 years of hormone therapy.²

Monitor cardiovascular risk factors:

- **Hypertension:** check every 1 to 3 months (goal: systolic ≤ 130 mm Hg, diastolic ≤ 90 mm Hg). Consider spironolactone (an anti-androgen) as part of hypertension treatment.²
- **Lipids:** perform annual fasting lipid profile: See [2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults](#).
- **Diabetes:** consider annual testing, especially if there is a family history of diabetes and/or >12 pound weight gain; consider glucose tolerance testing and/or A1C test if there is evidence of impaired glucose tolerance without diabetes.² Consult an expert if a reduction in hormones is needed to improve glucose control.

BOX 6. WHAT YOU SHOULD KNOW ABOUT GENDER-AFFIRMING HORMONE TREATMENT^{2,23}

General

- Cross-sex hormone treatment can cause overall endocrine imbalances, with or without gonadectomy. Maintain a high index of suspicion for thyroid disorders and screen appropriately.²
- Patients in the early stages of hormone therapy may experience transient symptoms such as sleeplessness, leg cramps, and nausea.

Feminizing hormones

- Any feminizing hormone²³
 - Early effects (first 3 to 6 months): decreased libido, decreased facial and body hair, decreased skin oiliness, breast tissue growth, and redistribution of fat mass
 - Longer-term effects: atrophy of the prostate gland and testicles
- Estrogen²
 - May increase risk for heart disease, diabetes, and hypertension
 - Oral estrogens (especially ethinyl estradiol) increase risk for venous thromboembolism (VTE).
 - Transdermal formulations safest in patients with higher VTE risk (age >35 or smokers)
- Anti-androgens
 - Include spironolactone, GnRH agonists (goserelin), and 5-alpha reductase inhibitors (finasteride)²³
 - Decrease masculine characteristics, reducing required dose of estrogen
 - Spironolactone often used in combination with estrogen²
 - GnRH agonists less frequently used
 - Finasteride often used to slow male pattern balding²

Masculinizing hormone

- Testosterone
 - Early effects (first 1 to 3 months): cessation of menses, increased libido, increased facial and body hair, increased skin oiliness, increased muscle, and redistribution of fat mass²³;
 - Longer-term (first year): deepening of the voice, clitoromegaly, and, in some individuals, male pattern baldness²³;
 - Intramuscular formulations may be more rapid acting.²
 - Not a contraceptive. Men with internal female organs are still at risk for pregnancy if having vaginal sex without condoms with fertile males.²

NOTE: Progestins are not currently recommended; evidence for clinical effect and risk profile is unclear.

For more information, see **Resources—Transgender Health Guidelines**.

Primary care for transgender men

Past or Current Hormone Use

Screen for²

- **Breast cancer:** perform annual chest wall/axillary exam; perform mammography as for natal females if the patient has not had chest reconstruction.
- **Cervical cancer**
 - after total hysterectomy: if the patient has a history of high-grade cervical dysplasia and/or cervical cancer, do annual Pap smear of vaginal cuff until 3 normal tests are documented; continue Pap every 2 to 3 years.
 - after only oophorectomy: follow Pap guidelines for natal females; may defer if no history of genital sexual activity.
 - Inform pathologist of current or prior testosterone use (cervical atrophy can mimic dysplasia).
- **Uterine cancer:** evaluate spontaneous vaginal bleeding in the absence of a mitigating factor (eg, missed testosterone doses, excessive testosterone dosing leading to increased estrogen levels, weight changes, thyroid disorders) as for postmenopausal natal females. Consider hysterectomy if fertility is not an issue, patient is >40 years, and health will not be adversely affected by surgery.

Currently Taking Testosterone

Closely monitor for cardiac events or symptoms, especially during the first 1 to 2 years of use.²

- **Cardiac events and symptoms:** routinely ask about events or symptoms, especially during the first 1 to 2 years of hormone therapy.²
- **Blood pressure:** check every 1 to 3 months (goal: systolic ≤ 130 mm Hg, diastolic ≤ 90 mm Hg).²
- **Lipids:** perform annual fasting lipid profile.²
 - See [2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults](#).

Consider musculoskeletal health²:

- **Exercise:** counsel transmen involved in strength training to increase weight load gradually and to emphasize repetitions rather than weight. Emphasize stretching.
- **Osteoporosis**
 - If the patient has used testosterone for >5-10 years and has ovaries, consider bone density screening beginning at age 50, and earlier if there are additional risk factors.
 - If the patient has had ovaries removed or had a total hysterectomy and past or present testosterone use, consider bone density screening if
 - age >60 and testosterone use for <5-10 years or
 - age ≥ 50 , and testosterone use >5-10 years, and earlier if additional risk factors for osteoporosis.
 - Recommend supplemental calcium and vitamin D in accordance with current osteoporosis prevention guidelines.

UNDERSTAND TRANSITION

Transgender people who want to transition to living as a member of a different gender have many options, including gender expression changes, medical (hormone) therapy, and surgical treatment. In New York State, health insurance must cover gender-affirming medical treatment and some gender-affirming surgeries for people diagnosed with gender dysphoria, as described in **Box 3**; however, patients may not find in-network providers who offer such treatment. Refer patients who want to pursue medical or surgical options to specialized medical care for a full evaluation and a thorough discussion so that the patient can make an informed choice¹⁰ (**Resources—Comprehensive Services**). HIV is not a contraindication or precaution for any medical or surgical gender-affirming treatment.

Nonmedical changes in gender expression include

- choosing a new name and pronouns;
- changing dress and grooming;
- official change of gender on a birth certificate (**Box 7; Resources—Identification Documents**);
- voice and communication therapy;
- for transwomen: hair removal, breast padding, genital tucking, padding of hips or buttocks;
- for transmen: chest binding, penile prosthesis.

BOX 7. CHANGING THE GENDER MARKER ON A NEW YORK CITY BIRTH CERTIFICATE

A patient can change the gender marker on their NYC birth certificate by submitting

- completed [Birth Correction Application form \(VR-172\)](#) (**Resources**),
- photocopy of current, signed photo identification,
- check or money order for \$55 (\$40 processing fee plus \$15 fee for new certificate) made payable to the NYC Department of Health and Mental Hygiene. Walk-in customers may pay using a debit or credit card.
- signed [Affirmation/Affidavit](#) from a US-licensed physician (MD or DO), clinical psychologist (PhD or PsyD), social worker (LMSW or LCSW), physician assistant, nurse practitioner, marriage and family therapist, mental health counselor, or midwife.

The affidavit must include the provider's

- professional credentials,
- statement that, in keeping with contemporary expert standards regarding gender identity, the applicant's requested change of sex designation of male or female accurately reflects the applicant's gender identity.

Affidavits provided by practitioners other than MD/DO must be notarized.

For more information, visit [Frequently Asked Questions About Correcting a NYC Birth Certificate](#) (**Resources**).

Hormone therapy. See **Box 6** for information about hormone treatment that a transgender patient may receive while in your care.

Surgery may not be desired by everyone who wants to transition, but it may be essential to some.¹⁰ For transwomen, options include breast implants or lipofilling, facial feminization, voice surgery, tracheal shave, hysterectomy, oophorectomy, and genital reconstruction (bottom surgery) such as vaginoplasty, orchiectomy, penectomy, clitoroplasty, and vulvoplasty. For transmen, options include subcutaneous mastectomy, hysterectomy/salpingo-oophorectomy, vaginectomy, and bottom surgery such as metoidioplasty, phalloplasty, scrotoplasty, and implantation of erection and/or testicular prostheses.

SUMMARY

Transgender people often experience barriers to health care access and are at increased risk for depression, trauma, sexually transmitted infections, and other conditions. As a primary care provider, you play a critical role in removing these barriers.

Create a welcoming environment and provide quality primary care based on the unique health care needs of your transgender patients. ♦

WHAT YOU SHOULD DO FOR THE TRANSGENDER PATIENT

- Be accepting and sensitive.
- Assess mental health.
- Take a sexual history.
- Screen for and vaccinate against sexually transmitted infections.
- Ask about prior or current hormone treatment.
- Provide cancer screenings and other preventive care based on the patient's anatomy and hormone use.
- Assist with changes to birth certificates or other legal documents.
- Refer to specialized care if there are mental health concerns or a desire for medical or surgical gender-affirming treatment.

RESOURCES FOR PROVIDERS

• Nondiscrimination Statements

- Human Rights Campaign: www.hrc.org/hei/patient-non-discrimination-lgbt-inclusive-policy-statements-from-healthcare#.VYhCyJBAS2w

• Sample Intake Questions

- USCF Center of Excellence for Transgender Health Care: transhealth.ucsf.edu/trans?page=protocol-intake

• Mental Health Screening Tools

- Drug Use Questionnaire (DAST-10): smchealth.org/sites/default/files/docs/1309587937DRUGUSEQUESTIONNAIRE.pdf
- NIDA Quick Screen and NIDA-Modified ASSIST: www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen

• STI Screening and Treatment Guidelines

- New York City STD/HIV Prevention Training Center Resources: www.nycptc.org/resources.html

• Immunization Guidelines

- CDC Advisory Committee on Immunization Practices (ACIP): www.cdc.gov/vaccines/hcp/acip-recs/index.html

• Transgender Health Guidelines

- Callen-Lorde Community Health Center: callen-lorde.org/transhealth/
- Center of Excellence for Transgender Health Learning Center: transhealth.ucsf.edu/trans?page=lib-00-00
Primary Care Protocol for Transgender Patients; fact sheets and summaries
- Gay and Lesbian Medical Association (GLMA): www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

- World Professional Association for Transgender Health: www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655
- The National LGBT Health Education Center at The Fenway Institute: www.lgbthealtheducation.org
Tools and guidelines
- **Training Resources**
 - Lesbian, Gay, Bisexual, and Transgender Community Center: gaycenter.org/resources
 - GLMA. Health Professionals Advancing LGBT Equality (webinars): www.glma.org
- **CME Learning Activities**
 - New York City STD/HIV Prevention Training Center: www.nycptc.org/
- **City Health Information Archives:** nyc.gov/html/doh/html/data/chi1.shtml
 - *Brief Intervention for Excessive Drinking*
 - *Clinical Guidelines for Adults Exposed to the World Trade Center Disaster (GAD-7)*
 - *Diagnosing and Managing Hepatitis C*
 - *HIV Prevention and Care*
 - *Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting*
 - *Preventing and Managing Hepatitis B*
 - *Preventing Sexually Transmitted Infections*
 - *Treating Tobacco Addiction*
 - *Providing Comprehensive Health Care to Men Who Have Sex with Men (MSM)*
 - *Improving the Health of People Who Use Drugs*

RESOURCES FOR PATIENTS

Comprehensive Services (abbreviations key at end)

MANHATTAN

Below Houston

- APICHA Community Health Center:
400 Broadway
212-334-6029 or apicha.org
ED; HORM; MEDICAL; MH; SUPP; YOUTH
- Community Healthcare Network
Catherine M. Abate Health Center:
150 Essex Street
212-477-1120 or www.chnny.org
ED; MEDICAL; MH; SMOKING; SA

Greenwich Village/Chelsea

- Callen-Lorde Community Health Center:
356 West 18 Street
212-271-7200 or callen-lorde.org
DENT; HORM; MEDICAL; MH; PHARM; SMOKING;
SUPP; YOUTH
- Housing Works
West Village Health Center:
320 West 13 Street
212-645-8111 or www.housingworks.org
DENT; HOUSING; LEGAL; MEDICAL; MH; SUPP
- Mount Sinai Beth Israel Medical Center, LGBT
Health Services
Beth Israel Medical Group:
222 West 14 Street
212-604-1800 or [www.wehealny.org/services/lgbt_](http://www.wehealny.org/services/lgbt_health_services/)
[health_services/](http://www.wehealny.org/services/lgbt_health_services/)
ED; MEDICAL; MH
- Mount Sinai Beth Israel Medical Center, LGBT Senior Health
Beth Israel Medical Group:
275 8th Avenue
212-463-0101 or [www.wehealny.org/services/lgbt_](http://www.wehealny.org/services/lgbt_health_services/)
[health_services/](http://www.wehealny.org/services/lgbt_health_services/)
ED; MEDICAL; MH
- The LGBT Center—Gender Identity Project:
208 West 13 Street
212-620-7310 or gaycenter.org/about
HIV; MH; SA; SMOKING; SUPP; YOUTH

Union Square

- Beth Israel Medical Center, Peter Krueger Clinic:
329 East 17 Street
212-420-2620 or [www.wehealny.org/services/BI_](http://www.wehealny.org/services/BI_Aidsservices/KruegerCenter.html)
[Aidsservices/KruegerCenter.html](http://www.wehealny.org/services/BI_Aidsservices/KruegerCenter.html)
DENT; MEDICAL; MH

West Harlem/Washington Heights

- Harlem United HOME Program:
289 Saint Nicholas Avenue, Lower Level
646-216-3266 or harlemunited.org/programs/home/
JOB; MEDICAL; MH; SUPP; SYR
- Washington Heights Corner Project:
566 West 181 Street, 2nd floor
212-923-7600 or www.cornerproject.org
HORM; MEDICAL; PEER; SUPP; SYR

East Harlem

- Metropolitan Hospital Comprehensive LGBT Health Center:
1901 1st Avenue
212-423-7292 or [nyc.gov/html/hhc/mhc/html/services/](http://nyc.gov/html/hhc/mhc/html/services/lgbtq-program.shtml)
[lgbtq-program.shtml](http://nyc.gov/html/hhc/mhc/html/services/lgbtq-program.shtml)
DENT; HOUSING; MEDICAL; MH; SA; SMOKING;
SUPP; YOUTH

BRONX

- Children's Hospital at Montefiore Umbrella Program for
LGBTQ Youth & Families:
3415 Bainbridge Avenue
718-882-0023, ext. 211, or [www.cham.org/services/](http://www.cham.org/services/aap/lgbt-program-youth-families)
[aap/lgbt-program-youth-families](http://www.cham.org/services/aap/lgbt-program-youth-families)
HORM (for people older than 18); MEDICAL; MH; SA;
SUPP; YOUTH
- Community Healthcare Network Bronx Health Center:
975 Westchester Avenue
718-320-4466 or www.chnny.org
ED; HORM; MEDICAL; MH; SUB; SMOKING; SUPP
- CK Life/Bronx Lebanon Hospital:
1276 Fulton Avenue, 3rd floor
917-979-3255 or cklife.org/NYC-Resources.php
ED; HIV; HORM; MEDICAL; MH; SUPP

BROOKLYN

- Community Healthcare Network
CABS Health Center:
94-98 Manhattan Avenue, #98
718-388-0390 or www.chnny.org
DENT; ED; HORM; MEDICAL; MH; SMOKING, SA; SUPP
- HEAT: Health Education & Alternatives for Teens:
760 Parkside Avenue, Room 308
718-467-4446 or heatprogram.org
HORM; MEDICAL; MH; SA; SUPP
- Housing Works Community Health Care—East New York
Health Center:
2640 Pitkin Avenue
718-277-0386 or housingworks.org
DENT; HOUSING; MEDICAL; MH; SA
- Persist Health Project (for sex workers and others who
trade sex for favors):
147 Prince Street (call or text to access office)
718-635-1791 or www.persisthealthproject.org
ED; JOB; MEDICAL; MH
- Rainbow Heights Club:
25 Flatbush Avenue, 4th floor
718-852-2584 or www.rainbowheights.org
JOB; PEER; SUPP

QUEENS

- AIDS Center of Queens County:
www.acqc.org
ED; HOUSING; MH; SUPP; SYR
62-07 Woodside Boulevard
Woodside
718-472-9400

161-21 Jamaica Avenue
Jamaica
718-896-2500

1139 Foam Place
Far Rockaway
718-868-8645

- Community Healthcare Network
Family Health Center:
90-04 161 Street
Jamaica
718-523-2123 or www.chnyc.org
ED; HORM; MEDICAL; MH; SMOKING;
SA; SUPP
- Queens Pride House:
76-11 37th Avenue, #206
Jackson Heights
718-429-5309 or www.queenspridehouse.org
MH; SA; SUPP

STATEN ISLAND

- Staten Island LGBT Community Center:
25 Victory Boulevard, 3rd floor
718-808-1360 or www.pridecentersi.org
MH; SUPP; YOUTH

KEY: DENT = Dental care; ED = Education; HIV = HIV testing/health; HORM = Hormone education/therapy; HOUSING = Housing resources; JOB = Job assistance; LEGAL = Legal services; MH = Mental health services; MEDICAL = Medical services; PEER = Peer counseling; PHARM = Pharmacy; SA = Substance abuse services; SMOKING = Smoking cessation; SUPP = Support or social groups; SYR = Syringes; YOUTH = Youth services

Visit nyc.gov and search “transgender health” for up-to-date information on trans-friendly medical services, trans youth services, and support groups in NYC.

Crisis Hotlines

- National Suicide Prevention Lifeline: 800-273-8255
- Gay, Lesbian, Bisexual and Transgender National Hotline: 888-843-4564, Monday to Friday 4 PM-12 AM, Saturday 12 PM-5 PM
- LIFENET (24 hours a day/7 days a week):
In English: 800-LIFENET/800-543-3638
In Spanish: 877-AYUDESE/877-298-3373
In Korean and Chinese (Mandarin and Cantonese dialects): 877-990-8585
For other languages, call 800-LIFENET and ask for an interpreter.
For TYY hard of hearing, call 212-982-5284 or nyc.gov/html/doh/html/mental/lifenet.shtml

Legal Support

- Immigration Equality:
212-714-2904 or www.immigrationequality.org
Immigration issues
- Lambda Legal:
212-809-8585 or www.lambdalegal.org
Healthcare access, HIV and workplace discrimination, school bullying

- New York Legal Assistance Group:
212-613-5000 or nylag.org/
LGBT community advocacy, domestic violence issues
- Sylvia Rivera Law Project:
212-337-8550 or srlp.org/
Healthcare advocacy, help with name change
- Transgender Legal Defense and Education Fund:
646-862-9396 or tldf.org/
Health care, housing and employment discrimination, help with name change

Online Resources

- **New York City Health Department. TransHealth:**
nyc.gov/html/doh/html/living/transgender-health.shtml
Medical, legal, and community resources
 - Community health pamphlet for transgender women:
nyc.gov/html/doh/downloads/pdf/ah/transgender-womens-health-booklet.pdf
- New York City Comptroller. Directory of LGBTQ Services and Resources: comptroller.nyc.gov/help/lgbtq-directory/

Abuse/Violence Victim Services

- LGBT Anti-Violence Project Hotline: 212-714-1141
- New York City Domestic Violence 24-Hour Hotline: 800-621-4673

Identification Documents Information

- NYC Health Department Birth Certificate Information:
 - How Do I Change the Gender Marker on My Birth Certificate?: nyc.gov/html/doh/html/services/vr-corrections-faq.shtml#6
 - Birth Correction Application form (VR-172): nyc.gov/html/doh/html/services/vr-birth-correct.shtml
 - Affirmation/Affidavit: nyc.gov/html/doh/downloads/pdf/vr/gendermarker.pdf
- NYS Department of Motor Vehicles:
dmv.ny.gov/ (search “name change”)
- US Department of State Passports: travel.state.gov/content/passports/english.html/ (search “name change”)

Free or Low-cost Health Insurance

- Callen-Lorde LGBT insurance enrollment program:
212-271-7270 or callen-lorde.org/

Gender Discrimination Reporting

- New York City Commission on Human Rights:
212-306-7450 or nyc.gov/html/cchr/html/home/home.shtml
Responsible for the intake, investigation, and prosecution of complaints alleging violations of NYC’s Human Rights Law

Call 311 for information about

- free or low-cost health insurance
- sterile syringes
- smoking cessation
- HIV/STI information
- birth certificate changes



42-09 28th Street, Long Island City, NY 11101 (347) 396-2914

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ASK CHI
Have questions about
Transgender Health?
E-mail
AskCHI@health.nyc.gov

Call 311 to order
copies of a community
health pamphlet for
transgender women, *Take
Pride, Take Care: Tips for
Transgender Women's
Health* (in English
or Spanish).

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