



Welcome to GenderGP

GenderGP - Gender-Affirming Medical Services

GenderGP is an online health and wellbeing service, which provides advice and support to members of the trans community, and those who care for them.

Our vision is to provide low-cost, timely, accessible private healthcare – for everyone – wherever they are, whoever they are and however old they are. We do this by using telemedicine to enable people to access our services from the comfort and safety of their own home.

The service has grown organically over the last few years into an international organisation that helps people from all over the world.

As well as our work supporting the health and wellbeing needs of the trans community, we are dedicated to improving access to healthcare through our advocacy and campaigning work.

The GenderGP Appraisal Pathway

This is a pathway designed by GenderGP which allows you to be in charge of your gender journey.

We believe that you are the expert in your gender, and by offering our expertise in healthcare, we can make sure that your medical transition is suited to what you need and is delivered in the safest way possible.

By going through this process you will be able to provide us with information about you and your health and your gender feelings. This will allow us to come to a joint agreement on the best treatment for you.

If you are in the UK or the EU, you can use our private prescription service. If you are outside the EU then we will carry out any necessary assessments and then issue you with a Treatment Summary for your provider so they can do blood testing and prescribe under our direct supervision. We will make all the decisions on medication and blood results to keep you safe.

Where do you live?

United Kingdom

Language

If English is not your first language, please use google translate to fill out this form. [Click here](#)

Name

Joan Smith

Email

jo@email.com

How did you hear about GenderGP

From a GenderGP Ambassador

Who recommended GenderGP? If you give us their name we can ask them to look out for you on your gender journey.

What are you hoping that GenderGP can help you with?

Puberty blockers - injection or nasal spray

Appraisal Pathway Options

There are several ways that you can approach the Appraisal Pathway to help you get the best out of it and to make it work for you:

1. **Self-Service Option** - Complete the application, paperwork and consultations by yourself. This is best suited to those who find technology easy and are sure about their gender and the pathway they need to take, and are ready to start taking hormone treatment or puberty suppression. £195
2. **Fully Guided Pathway Service** - If you are not so good with technology, or would like someone to help you to complete this Appraisal Pathway form and make the necessary appointments for you, we can arrange this for an extra fee of £100. We will lead you through everything on the phone or by video, complete all the paperwork and set everything up for you. £250
3. **Support Session** - If you are not sure about your gender feelings and want to discuss them with someone before completing this application then maybe a few sessions with our gender specialist counsellors would be a good idea.
4. **Discussion session** - If you would like to talk through the GenderGP Pathway and how it works and what options GenderGP can offer you, then you can book a one-off 'early Intervention Session' to talk through all things GenderGP.
5. **Medical consultation** - if you would like to discuss your case with the doctor before going ahead with your transition, you can do so.

Which service would you like?

Self-service option to start treatment - £195.00

What you need to complete this process:

Timeframe

It takes around four weeks from start to finish for you to start on treatment. This is for non-complex cases that have no special needs. We want to help you as quickly as possible, while making sure everything is safe for you.

Requirements

Around an hour to have time to answer carefully.

ID document to show you are who you say you are.

Your GP's email address if you want us to share information with them (if you don't have this we can email any letters to you and you can forward them on)

Any reports or assessments you may have from another service.

Information about your medical history.

A blood test report if you've already had tests done.

A credit / debit card to make payment.

Please be aware that this form will time out if you leave it to come back to and complete later. This is because it is your personal medical information and we need to treat it with care.

If you would like to save a copy of this form to your computer so that you can think about how you want to answer the questions and come back and fill in this form later, then you can do so by printing this page and saving to PDF.

Costs

There are six charges associated with using GenderGP's medical services - but not all of them apply to everyone.

1. Set-up fee
2. Consultations
3. Blood tests
4. Medication
5. Letters
6. Subscription

Set-up Fee

All patients pay a one-off set up fee of £195 which enables them to subscribe as a member of our service to start your medical transition.

Consultations

Some consultations are optional but useful, and some are compulsory.

Early intervention sessions (optional) are an opportunity to speak to someone during enrollment (or at any stage) on the GenderGP Appraisal Pathway. Time to ask all the questions you would like, and to work out a plan for you.

Counselling is a safe place to dig deep and talk about your feelings, what they mean to you and those around you. Never compulsory with GenderGP, but always available should you need to talk.

Information Gathering Sessions (compulsory) give us a chance to get to know you and to work out how best to help. It is your chance to tell us how you feel and what you want to achieve. If you have a recent report from another specialist then you can use this here. £65

Family / Friends Sessions (optional) are specifically designed to support those around you, to help empower them to give you the support you need. They are also helpful when someone close to you just doesn't understand it the way you do. £60

Follow-up Sessions are arranged every six months to see how you are doing. You can have these more frequently if you wish. £50

Blood Tests

Blood tests are an essential part of your treatment - to make sure you are fit and healthy and that hormones will be safe for you.

There are three ways to get your blood tests done:

1. **Your doctor** - if your doctor will do the blood tests for you on the NHS or your public health system, you can provide us with a copy of the results.
2. **Private service** - if your doctor can't do them for you then a local private hospital may be able to help.
3. **Home Testing Kit** - we can arrange for you to have a home testing kit sent to you. This can either be done using a finger prick test or by a phlebotomist near you. £50 per test.

Medication

It helps if your doctor will prescribe for you under our supervision. We send them a Treatment Summary advising them exactly what to do.

If that is not possible then we can issue a private prescription and you can purchase your medication privately.

Prescription options:

1. **Your doctor** - your doctor prescribes for you under our supervision.
2. **Online pharmacy** - for our UK patients, we have partnered with UK based online pharmacy Clear Chemist. We send them a private prescription and you purchase your medication from them.

3. **Paper Prescription** - if you are outside the UK or would prefer to have a paper prescription to take to your pharmacy, this can be arranged. You can take this to the pharmacy of your choice and purchase the medication from them. Not all pharmacies are willing to accept private paper prescriptions, so it is best to check first.

Estimated Private Medication Costs:

- **Hormones** - from around £10 per month depending on what you need.
- **Anti-androgens** - around £10 per month.
- **Puberty blocking injections** - around £100 per month.
- **Puberty blocking nasal spray** - around £60 per month.

Injections

Some medicines are given by injection - such as some Testosterone preparations and puberty blockers.

There are alternatives, but if you want to have injections we need to know who is going to help you inject them.

Injection options:

1. **Your doctor** - your doctor's surgery will help you with the injection.
2. **Private service** - you will make arrangements for a local private service to inject them for you.
3. **Self-inject** - if you have been taught how to inject your medicine then this is an option.
4. **Family / friends** - If you know someone who is qualified to do this that is fine.

Letters

Most letters and reports are included with your GenderGP subscription. However, some services may incur an additional fee.

Subscription

All of our patients become members of GenderGP and this allows them to have unlimited access to advice and private prescriptions as required. If your GP won't prescribe for you then you will have to purchase the actual medication that is prescribed.

This allows unlimited access to medical advice, blood test result analysis and private prescriptions according to need. For as long as you or your doctor needs support and advice from us, your subscription allows you to access our services. £30 per month.

Summary of Fees

There are a few things to think about, but to summarise:

Set-up Fee

Pay the set-up fee now - £195.00

Do you want to have any counselling before or during your medical transition?

No thanks - £0.00

Registration

About You

Your Gender

Female

Legal Gender

Male

Date of Birth

01/01/1999

Correspondance Email Address

jo@email.com

This email address is your unique identifier and will be used in all of our communications. If you change this we will not be able to access your files and records.

Payment email address (if different)

Full Name

Legal Name

Phone

How old are you?

Over 18

Address

Occupation

Employment Status

How understanding / willing to help is your GP to help with your gender issues?

My doctor is VERY helpful with this

Do you think your GP will help with blood tests and prescriptions?

I think they will help with blood tests

I think they will help with prescriptions

Would you like us to share information with your GP?

Yes please, I know their email address

About your GP

GP Name

Address

Email Address to send GP Letters to - if you don't know your GP's email address, enter your email address and you can forward the letter on.

Consent to share information

Consent

Person 1	
Name	Mum Smith
Email	Relationship to you
Notes	

Identification

We need to know that you are who you say you are. Please upload a document that shows your name, address and photo.

We need something with your name, address and picture on it.

Alternatively, a selfie of you holding up a piece of paper with your name, address and today's date on it.

Upload your proof of ID here

Consent to use our Service

I agree to the GenderGP Patient Terms of Service

I have read the terms of service and I agree to them

I agree to the GenderGP Privacy Policy

I have read the privacy policy and I agree with the contents

I agree to GenderGP collecting my personal data to help us provide you with medical care.

I agree

Medical History

Please give detailed information about any CURRENT medical problems here.

Here is my medical history

Please give detailed information about any PREVIOUS medical problems here.

My previous problems are here

Please give information about your family medical history here.

My family history is here

Please list any allergies you have.

I am allergic to these things

Are you currently taking any medications?

Yes

Medications (including self-medication with hormones and blockers)

Name of medicine	Frequency	Dose
Medicine 1	Once a day	1 tablet

Have you ever taken any self-medication hormones or blockers? How did it go? Did it have any effect? Please give full details.

Details of self-medication is here

About your mental health - do you currently suffer from any of the following:

Depression

Occasionally

Anxiety

Occasionally

Stress

Occasionally

Thoughts of self-harm

Never

Gender History

Tell us about you and your gender, how you identify and what this means for you.

-

Please describe any early memories that you may have had in regards to your gender identity.

-

How has your gender identity affected your life up until now?

-

If you had to explain what your gender means to you, what would you say?

-

Have you got any professional support at the moment? Your doctor or a therapist for example?

-

When did you first ask for professional help or advice with your gender? Who was that and how did it go?

-

If you had a chance to change things about your gender or what it means to you, what would that be?

-

Who, in your personal life, do you have supporting you through this? Friends / family / work / others?

-

Have any of your relationships been lost or suffered as a result of this? Or maybe they are even stronger?

-

Are you active in any LGBTQ+ / trans support networks?

-

Have you been able to either partially or fully present as your true gender? At home / school / work / anywhere / everywhere?

-

How has that been for you? Do you find it easy to be the authentic you, or does it cause difficulties for you or those you care about?

-

If you are unable to express your gender identity in the way you would like to, what stands in your way? What barriers currently exist for you?

-

Taking medication to suppress your natural hormone production and replacing it with the opposite hormones will have effects on your body. What are you most looking forward to and do you have any fears or concerns?

-

Different people will achieve different things from taking hormones, what are you hoping to achieve?

-

Have you thought about the effects that outward physical changes to your appearance may have on you or those around you? Do you have any concerns about how people may react?

-

How do you feel about your sexuality, do you have any concerns about this now or for the future?

-

Taking hormones may affect your fertility, what thoughts have you got around that? What steps have you taken, if any?

-

Please sum up your current feelings and what you are hoping for in the future.

-

Is there anything else that you would like to share that concerns you?

-

Would it be helpful for you to have access to a counsellor or therapist to help you with your gender transition?

-

Do you have any further comments or questions?

-

Fertility

Taking hormone therapy can affect your fertility, although many trans people are able to conceive whilst temporarily stopping treatment with hormones.

While your fertility may not be a top priority for you now, it is a shame not to take steps which you may find helpful in the future.

Although you may be very keen to start hormone treatment, taking the time to store now may save regret in the future.

Please consider this carefully and let us know your options.

It is not known fully how or if hormone treatment affects people's fertility, and everyone is different. Taking medication will mean that it is likely that your egg or sperm production will decrease and you will reduce the ability to produce eggs or sperm when needed. Hence, storing these 'gametes' is an important consideration for you if you wish to have biological children in the future.

If you wish the NHS or your public system to arrange this for you, then your GP will need to arrange this for you.

If you wish to store privately then just contact local fertility clinics close to you.

Storing sperm is a much easier option than storing eggs, so please do consider this carefully as it is important and a common source of regret later in life.

For more information, please see the HFEA website:

<https://www.hfea.gov.uk/treatments/fertility-preservation/information-for-trans-and-non-binary-people-seeking-fertility-treatment/>

Testosterone - taking testosterone may affect egg production and fertility. However, many trans masculine people have stopped testosterone temporarily in order to conceive. However, testosterone cannot be considered to be a contraceptive and it could be harmful to the foetus if you got pregnant while taking it.

Oestrogen - taking oestrogen will suppress sperm production, but this may come back if you stop taking it.

Anti-androgens - these will suppress sperm production and the ability to have erections. Again, stopping these may mean that function returns.

Puberty blockers - if you are taking puberty blockers at the start of puberty, then you may not have reached the stage of being able to produce sperm or eggs to store. This has to be balanced with the masculinisation or feminisation that would occur to your body if you waited for puberty to progress far enough to allow gamete production.

Please give us information about your fertility here

I have already stored gametes

Comments about your fertility preservation thoughts

Blood Tests

Blood tests are an important part of this treatment to make sure you are healthy and to keep you healthy for the future. They are definitely required if you are over 60 or if you have any other medical problems or are on any medication.

If you have had some blood tests within the last year at your doctor's or at a hospital, and have been told they were fine, then we do not need to repeat them.

If you are a young and healthy person, just wanting to start puberty blockers or hormones then you don't need to have any blood tests done, although we will need blood tests in the future to monitor your hormone levels.

If you want to have one of the more complex antiandrogens such as spironolactone, cyproterone or bicalutamide, then you definitely need to have blood tests done in advance.

If you are going to ask someone else to do your blood tests for you then please ask them for 'Full blood count, kidney function, liver test, lipids, diabetic check'. If you are already taking hormones then please also ask for 'estradiol and testosterone'.

About your blood testing needs

I have had recent blood tests done and was told they were fine

Screening

You will experience the common health problems faced by all people of your assigned birth gender, and you should have screening in accordance with screening programmes where appropriate.

Good information on screening can be found here:

[NHS Screening for Trans and Non Binary People](#)

Consent to Treatment

What are you hoping for?

Feminising treatment

Which treatment are you hoping to have?

OESTROGEN plus puberty blocker INJECTION to stop testosterone production

How do you want to have your prescription?

My doctor will prescribe for me, please send a treatment summary - £0.00

In order to have injections prescribed you must have told us who is going to inject

for you.

Who will do injections for you?

My doctor has agreed to do this for me

Consent to Feminising Treatment

Introduction

The use of hormone therapy for gender transition/affirmation is based on many years of experience treating trans persons. Research on hormone therapy is providing us with more and more information on the safety and efficacy of hormone therapy, but all of the long-term consequences and effects of hormone therapy may not be fully understood.

This informed consent asks you to consider the expected benefits of hormone therapy and the possible side effects of hormone therapy, so that you can decide, with our help, if hormone therapy is right for you. By agreeing to the information in this form, you are stating that you have read and understood the risks and

Each individual person responds to hormone therapy differently, and it is difficult to predict how each person will respond.

This form gives you the information you need to make decisions about which medication may be best for you, and to explain the how the benefits and risks apply to you.

Oestrogen

Oestrogen (estradiol) is used to feminise the body and will achieve the following:

1. Further reduce the amount and effect of testosterone in the body.
2. Cause changes that will make your body more to be more in line with the features associated with female bodies.

Estradiol can be given as patches, injections, gels or pills.

Have a read of the information below to help decide the form of medication and the dose that is best for you based on your personal needs and wishes, as well as considering any medical or mental health conditions you might have.

Each individual person responds to hormone therapy differently, and it is difficult to predict how each person will respond.

By signing this form you agree to take the androgen blockers and/or the estrogen only as prescribed and to discuss your treatment with us before making any changes.

Progesterone

There have been no well-designed studies of the role of progesterone (progestogens) in feminising

hormone regimens.

Many transgender women and doctors report improved breast and/or areolar development, mood, or libido with the use of progestogens.

There is no evidence to suggest that using progestogens are harmful. In reality some patients may respond favorably to progesterone while others may find negative effects on mood.

There were some concerns from the Women's Health Initiative (WHI) regarding heart and breast cancer risks, but these risks were not associated with the use of bioidentical progesterone. Utrogestan and Cyclogest are not known to be harmful or associated with risk.

The overall feeling is that the risks of using progesterone in transgender women are likely to be minimal or even absent.

[Patient information leaflet](#)

Anti-androgens (Blockers)

Androgen (testosterone) blocking medicines can work in three ways:

1. Reduce the production of testosterone in the body
2. Stop testosterone having an effect on the body
3. Reduce male features of the body

The commonly used anti-androgens are:

- **Finasteride** - a very safe and simple tablet that works well in the majority of cases. This is the one we usually start with before moving on to stronger ones if needed.
- **Spiroinolactone** - a water tablet used in heart failure which is also known to reduce testosterone.
- **Blockers** - these puberty blockers - GnRH Agonists - suppress testosterone production completely, but are given by injection or nasal spray and are much more expensive.

The effects of oestrogen

The feminine changes in the body may take several months to become noticeable and usually take up to 3 to 5 years to be complete.

Permanent changes

- Breast growth and development..
- The testicles will get smaller and softer
- The testicles will produce less sperm, and you may become infertile (unable to get someone

pregnant); how long this takes to happen and become permanent varies greatly from person to person.

Somewhat reversible changes

- Loss of muscle mass and decreased strength.
- Weight redistribution. Body fat will tend to go to the buttocks, hips and thighs, rather than the abdomen and mid-section.
- Skin will become softer and acne may decrease.
- Facial and body hair will get softer and lighter and grow more slowly.
- Male pattern baldness of the scalp may slow down or stop.
- Reduced sex drive and libido.
- Decreased strength of erections or inability to get an erection.
- Ejaculate will become thinner and watery and there will be less of it.
- Changes in mood or thinking may occur; you may find that you have increased emotional reactions to things.
- Some people find that their mental health improves after starting hormone therapy.
- The effects of hormones on the brain are not fully understood.

Less desirable effects

- Loss of fertility (unable to get someone pregnant). Even after stopping hormone therapy, the ability to make healthy sperm may not come back. How long this takes to become permanent is difficult to predict. Some people choose to store some of their sperm before starting hormone therapy.
- Because the effect on sperm production is hard to predict, if you have penetrative vaginal sex you or your partner should still use birth control.
- Increased risk of developing blood clots. There is a theoretical risk that feminising therapy causes an increase in blood clots in keeping with the rate of this happening in cisgender women. More research needs to be done but this risk does not appear to be as high as we once thought. However, blood clots are dangerous so care must be taken with other risk factors such as smoking and obesity and high blood pressure.
- Possible increased risk of having cardiovascular disease, a heart attack or stroke. This risk may be higher if you smoke cigarettes, are over 45, or if you have high blood pressure, high cholesterol, diabetes, or a family history of cardiovascular disease.
- Increased risk of gallbladder disease and gallstones as these are more common in women.
- Changes in blood tests for the liver.
- May cause or worsen headaches and migraines.
- May cause elevated levels of prolactin.
- May worsen depression or cause mood swings.
- May increase the risk of breast cancer. The risk is thought to be higher than in cisgender men but

lower than in cisgender women; the risk probably is related to how long you take estrogen therapy.

You can read a typical estradiol patient information leaflet here:

[Patient Information Leaflet](#)

Finasteride

Finasteride 1mg tablets are used for the prevention of male pattern baldness and can be used with other anti-androgens.

Finasteride 5mg tablets are taken as a stand-alone anti-androgen. Some people fear that it only reduces one particular type of testosterone, but there is good anecdotal evidence to show that in many trans women, it reduces testosterone levels when used with oestrogen.

It has the benefit of being cheap, easy and a low risk profile. This makes it a great first choice if the blocker injections are not affordable or possible.

Potential unwanted effects include:

- Rash, itching and allergic reactions
- Reduced libido
- Anxiety and palpitations
- Increased liver enzymes
- Breast enlargement
- Erectile dysfunction
- Low mood

Please read the patient information leaflet which can be found here:

[Patient Information Leaflet](#)

Puberty Blockers

The GnRH Agonists are commonly known as blockers and puberty blockers. They are the most effective anti-androgen but have the disadvantage of having to be given by injection or daily nasal spray. They are probably the best tolerated blocker and are first the choice although they are more expensive.

Potential unwanted effects include:

- Rash, itching and allergic reactions
- Reduced libido
- Appetite and sleep Changes
- Dizziness, hot flushes, anxiety and palpitations

- Increased liver enzymes
- Breast enlargement
- Erectile dysfunction
- Low mood
- Stomach upset, diarrhoea, vomiting, nausea.

Please read the patient information leaflet which can be found here:

[Patient Information Leaflet](#)

Spironolactone

Spironolactone is a commonly used tablet anti-androgen and is usually well tolerated.

Potential unwanted effects include:

- Increased urine production and needing to urinate more frequently.
- Possible changes in kidney function
- A drop in blood pressure and feeling lightheaded
- Increased thirst
- Increase in the potassium in the blood and in your body
- Breast cysts and lumps
- Low white blood cells
- Rashes and allergic reactions
- Drowsiness, dizziness, headache and clumsiness
- Changes in liver blood tests
- Stomach upset, diarrhoea, vomiting, nausea.

Please read the patient information leaflet which can be found here:

[Patient Information Leaflet](#)

Consent to feminising therapy

Feminisation therapy is considered to be very safe and well accepted, and although there are risks with any medication and treatment regime, the aim is to give you the same hormone profile as cisgender women.

If you have requested any further information about any of these medications, please book a consultation with the doctor.

I consent to go ahead with treatment which will feminise my body

Puberty Blocker Consent

The GnRH Agonists are commonly known as blockers and puberty blockers. They are the most effective anti-androgen but have the disadvantage of having to be given by injection or daily nasal spray. They are probably the best tolerated blocker and are first the choice although they are more expensive.

Potential unwanted effects include:

- Rash, itching and allergic reactions
- Reduced libido
- Appetite and sleep Changes
- Dizziness, hot flushes, anxiety and palpitations
- Increased liver enzymes
- Breast enlargement
- Erectile dysfunction
- Low mood
- Stomach upset, diarrhoea, vomiting, nausea.

Please read the patient information leaflet which can be found here:

[Patient Information Leaflet](#)

Nasal sprays

Puberty Blockers have been used for many years to suppress natural sex hormone production in trans youth and adults. Although the medication is not licensed for this use, we know it to be both safe and effective at suppressing puberty in adolescents, and the ongoing effects of sex hormones in adults.

In the UK, most blockers are given by injection, either monthly or three-monthly. However, in other countries, other methods of delivery are used - such as implants (a small pellet placed under the skin), and nasal sprays.

Injections and implants require a level of expertise - a nurse, midwife or doctor - to either administer the injection, or to teach someone else to do it. They also have the disadvantage of being expensive, as well as needing to be refrigerated when stored.

Nasal sprays seem to offer an ideal solution as an alternative in cases where administration is a challenge, or a needle phobia exists. While awareness around nasal sprays is increasing (over recent years we have seen their use in administering the flu vaccine among young people), as a method of delivery they are still relatively unknown and therefore not as widely used, or evaluated.

Their use in conditions such as endometriosis is well-known and evaluated, but their use in the suppression of puberty in trans patients is less well tested. However, there is no evidence to suggest that

they are not a viable alternative to injections.

The spray is given twice a day, with a blood test being carried out after four weeks to ensure that hormones are being suppressed. Three-monthly blood testing, then enables us to monitor that they are working effectively.

Synarel

One spray is put into the left nostril in the morning and one in the right nostril in the evening.

[Patient Information Leaflet](#)

References:

1. <https://www.sccgov.org/sites/bhd/info/Documents/LGBTQ%20Resources/ucsf-guidelines-for-the-primary-and-gender-affirming-care-of-transgender-and-gender-nonbinary-people-6-17-16.pdf>
2. <https://books.google.co.uk/books?id=uMJHDQAAQBAJ&pg=PA127&lpg=PA127&dq=nasal+spray+transgender&source=bl&ots=S9FgJJtxYd&sig=ACfU3U3I0lkhTIRhL9kM7IcKT5Cv7Uluvq&hl=en&sa=X&ved=2ahUKEwi16r7TnKnoAhXPQ0EAHZ8aAUQQ6AEwDHoECAgQAQ#v=onepage&q=nasal%20spray%20transgender&f=false>

Consent to blockers

Blocker therapy is considered to be very safe and well accepted, and although there are risks with any medication and treatment regime, the aim is to use this to temporarily and completely stop your natural hormone production.

If you have requested any further information about any of these medications, please book a consultation with the doctor.

I consent to go ahead with treatment which will block my natural hormone production

I have all the information I need, and I give my consent

Please give us a final summary of you, your wishes, your support, your needs and your hopes for the future. Please also use this space to highlight any questions or queries you have.

Once all the previous steps are complete, please submit this form and your case will be reviewed by our medical team.

Final Summary

This is how I feel, all in one go.

Please upload any reports, blood tests, letters here that will help with your case.

Information Gathering Session

An important part of our Appraisal Pathway is the GenderGP Information Gathering Session which gives

us a chance to get to know you and to help you shape your gender journey.

It is a personal session done by video consultation with one of our trained gender specialists. They get to ask you some questions and you get to ask them some. They are not medically-trained, they are specialists in gender feelings. If you would like to make an appointment to discuss your medical history or the medication in greater detail, then you can also book with one of the doctors.

The IGS is not a pass or fail, it just helps us to know how best to help you. It is not a counselling session, however if you wanted counselling persay, we can arrange that for you.

Information Gathering Session



Click here to be taken to a new page to book your Information Gathering Session and enter the date of your session below.

**Date of your IGS
booking**
25/07/2020

Subscription

All of our patients subscribe to our services to receive unlimited advice and private prescriptions as needed. You can set up your subscription by clicking

[HERE](#)

Next Steps

Checklist

- I have booked my IGS
- I have made arrangements for blood tests if needed
- I would like you to arrange some counselling for me
- I have booked a consultation with the doctor if needed
- I have arranged to pay the set-up fee
- I have subscribed to GenderGP membership

What happens next?

When you submit this form it will be reviewed by the Pathway Team and they will contact you if you need to do anything else.

Once you have had your IGS and we have received your report, your case will be reviewed by the Medical Team. This can take up to two weeks but is often longer.

In the meantime, please get your blood tests sorted if needed, and make sure you are clear on who will administer injections if you need them.

