



Exuberan by Virtua
 106 Carnie Boulevard
 Voorhees Township, NJ 08043
 856-325-5601

Today's Date: _____
 Name: _____ Date of Birth: _____
 Legal Name (if different): _____ Pronouns: _____
 Legal Sex: _____ Sex Assigned at Birth: _____ Gender Identity: _____
 Address: _____
 Phone Number: _____ E-mail: _____
 Emergency Contact: _____ Phone _____ Relationship: _____
 How Did You Hear About Us?: _____ Referring Provider: _____

Are you considering any gender affirming surgeries in the next 6 months? Y / N / not sure

Do you see a mental health professional? Y / N

If so, who was that visit with (please provide Name/Phone Number/Address)?

Have you socially transitioned?

- Changed name with some people
- Changed name with all people
- Changed pronouns with some people
- Changed pronouns with all people
- Changed hairstyle
- Changed clothes
- None of these

Have you legally transitioned?

- Legal name change
- Name change on birth certificate
- Gender marker change on birth certificate
- Name change on social security card
- Gender marker changed on social security card
- Name change on state ID
- Name change on passport
- Gender marker change on passport
- Other:
- None of these

Do you exercise? Y / N If Yes, How often? _____

Do you currently take Biotin, B Vitamins, DHEA, HCG, or Other Hormones? Y / N

If yes, please list: _____

Is there any chance you would lose your job, school, or housing by starting gender affirming medical care? Y / N / not sure

When was the last time you had a regular checkup (or annual visit) with a healthcare provider? _____

Who was that visit with (please provide Name/Phone Number/Address)?

Date of Last Menstrual Cycle: _____ Method of Birth Control: _____

Date of Last Mammogram: _____ Location: _____

Date of Last PSA: _____



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Past Medical History: Please circle if you have a history of any of the following:

Diabetes	Heart Disease
High Blood Pressure	Thyroid Disease
Kidney Disease	Stroke/TIA
Liver Disease	Blood Clot/ Bleeding Problem
Mental Health Disorder	Uterine Fibroids
Endometriosis	Cancer Types (cervical, prostate, ovarian, breast, uterine)
Heart Disease	Fibrocystic Breast Disease
Disorder of Prostate	Other:

Allergies to Medications:

Reaction:

Latex	
Iodine	
Epinephrine	
Lidocaine	

Current Medications (Please include over the counter, vitamins, supplements)

Drug Name and Dose	Frequency	Drug Name and Dose	Frequency

Surgeries:

Date:

Patient Signature: _____

Date: _____

Reviewed by: _____

Date: _____