

**T H E L O D G E S U R G E R Y**

**Gender Change on Medical Records Form**

Patients may request to change gender on their patient record at any time and do not need to have undergone any form of gender reassignment treatment to do so.

We must advise you, the patient, that changing your gender on your records would mean that you will be supplied with a new NHS number which is not reversible, and we will need to register you as a new patient. Your old NHS number will no longer exist and your existing medical information will be transferred into your new medical record minus any information relating to your previous identity.

To revert to the gender you were assigned at birth, we would need to issue you with a third NHS number and transfer your then existing medical information minus any information relating to your previous identity to your new record.

Please note: Upon changing your gender it is important that you understand that you will not receive automatic invites for screening for certain cancers and conditions. It is important that you read and understand the leaflet supplied with this form (Information for trans people – NHS Screening programmes).

We suggest you discuss with your doctor any future screening that maybe relevant to your assigned gender at birth. We as a practice are responsible for inviting you to discuss appropriate screening at the relevant time.

If you agree to the above, please complete the following information and hand into reception. We aim to complete the Gender Change within 4 weeks and you will be notified on completion. Please ensure we have your up-to-date information below.

|  |  |
| --- | --- |
| Full Name and Title: | Home Address: |
| Date of Birth: |
| Mobile No: | Email Address: |
| Please confirm we can contact you via email and/or mobile? Yes / No |
| My gender assigned at birth:Male / Female | I wish my records to be changed to\*:Male / Female |

\* Unfortunately, at this time the NHS only accepts a Male/ Female gender for registration and/or gender change. If you wish to choose non-binary or other, we can add an alert to your notes so we as a practice know your preferred gender.

I have read the above and agree for The Lodge Surgery to make this change.

I understand that I will be issued with a new NHS number and registered as a new patient with some of my previous medical records transferred to my new record.

I confirm that I have received all the information I require for my gender to be changed on my records.

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| --- | --- |
| Print: | Sign: |
| Date: |
| Current NHS No: | New NHS No: |

Please scan this form to the patient's PREVIOUS and NEW medical records.