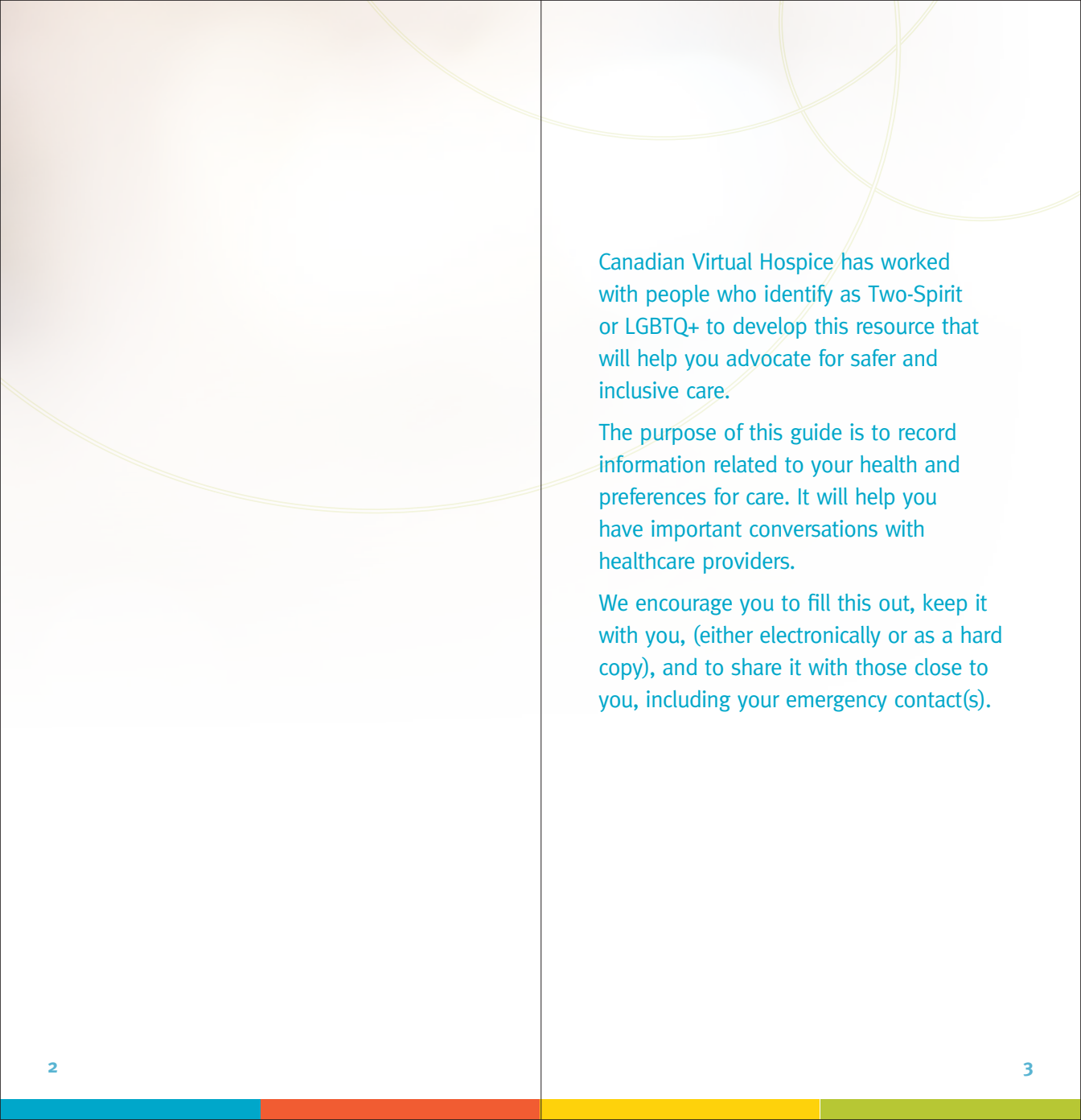




TAKING PRIDE IN MY HEALTH AND WELL-BEING

My Personal Guide for Inclusive and Safe Healthcare



Canadian Virtual Hospice has worked with people who identify as Two-Spirit or LGBTQ+ to develop this resource that will help you advocate for safer and inclusive care.

The purpose of this guide is to record information related to your health and preferences for care. It will help you have important conversations with healthcare providers.

We encourage you to fill this out, keep it with you, (either electronically or as a hard copy), and to share it with those close to you, including your emergency contact(s).

SECTION 1:

Personal information

This document belongs to:

Legal Name (if different):

My gender and pronoun(s):

I describe myself as: (Some examples include Two-Spirit, Lesbian, Gay, Bi, Trans, Queer, Intersex, Genderqueer, Indigequeer, Genderfluid, Pansexual, etc.)

If found, please contact or return to me:

Phone number and mailing address:

SECTION 2:

Emergency contact information

Please contact the following person in case of an emergency:

Name:

Pronoun(s):

Phone:

Email:

Relationship:

Knows me as (name, gender, pronoun(s)):

If for some reason I am unable to make decisions about my healthcare, I have delegated someone to do so on my behalf.

Yes

No

Name:

Pronoun(s):

Phone:

Knows me as (name, gender, pronoun(s)):

Relationship:

If I don't have a delegate, the following people know my preferences for care.

Name:

Pronoun(s):

Phone:

Knows me as (name, gender, pronoun(s)):



Name:

Pronoun(s):

Phone:

Knows me as (name, pronoun(s)):

SECTION 3:

Medical information

Medical conditions and/or concerns (high blood pressure, diabetes, asthma, etc.):

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Allergies:

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Mental health conditions and concerns (depression, anxiety, PTSD, etc.):

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Corrective lenses, hearing aids, etc.:

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Mobility access needs:

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Mobility devices used (canes, etc.):

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I am currently taking the following medication(s):

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I am currently taking the following vitamins, herbal remedies, supplements, traditional medicine(s):

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- I am currently on Hormone Replacement Therapy (HRT) and:
 - I do not give permission for my HRT to be varied or stopped.
 - I am willing to discuss my HRT with respect to my current medical condition.
 - I give permission for my HRT to be varied or stopped only in the event that:

History of surgical procedures including dates:

Sex assigned at birth:

- Male
- Female
- Intersex

Your healthcare team needs to have a full picture of your health and history so they can best address certain medical conditions including cancer and heart disease. Is there anything you would like to share about your body, such as which reproductive organs you have?

SECTION 4:
Safety and privacy

I prefer all physical exams be conducted by:

Gender:

- No preference

Things that make me feel unsafe:

Things that will help me feel safe:

I do not want the following people to be contacted, have access to my personal information, or to visit me.

Name(s):

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SECTION 5: Social history

My current living situation:

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I receive care from these individuals:

Name:

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Pronoun(s):

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Contact information:

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I receive care from these organizations:

Name:

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Contact information:

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I provide care for:

Name:

Pronoun(s):

Contact information:

Additional information:

I have pets that require care:

SECTION 6:

Intimate care preferences

Intimate care is associated with bodily functions, products, and personal hygiene which involves contact with, or potential exposure of, genitals or chest.

My preferred terms:

If other than breasts:

If other than genitals:

Please DO NOT use the following words to describe my body:

I prefer to use toilets and changing rooms that are designated as:

- Female
- Male

I prefer to be bathed by, or receive intimate care from:

Gender:

- No preference

SECTION 7:

Accommodation preferences

If I need to be admitted to a healthcare facility I prefer to be in a space that is:

- Female
- Male
- Gender neutral
- Two-Spirit
- No preference
- Other option (please specify)

I would prefer clothing and undergarments that are:

- Feminine
- Masculine
- Gender neutral
- Two-Spirit
- Other (please describe)

SECTION 8:

Planning for advanced illness

I have a document (sometimes referred to as an advance care plan) that outlines my wishes if I cannot speak for myself.

- Yes
- No

Location:

Names and contact info for people who know my wishes for advanced illness and end of life:

Name:

Pronoun(s):

Phone:

Name:

Pronoun(s):

Phone:



Name:

Pronoun(s):

Phone:

If I am not able to take care of my appearance,
I request the following (hair, shaving, etc.):

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Summary of what will be important to me at the end
of life:

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I have created a Last Will and Testament.

- Yes
- No

Location:

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If no, we encourage you to explore doing so.

You have rights regarding your healthcare. The Two-Spirit and LGBTQ+ Palliative Care Bill of Rights [\(hyperlinked for online\)](#) outlines the options available to you if your rights are not respected.

For more resources developed by people who identify as Two-Spirit or LGBTQ+ about inclusive care for advanced illness, dying and grief, please visit:

<http://www.virtualhospice.ca/2SLGBTQ>