



Hand to reception on arrival so the attending clinician can read the letter prior to seeing the patient.

Dear Doctor

Your patient has downloaded this letter because they are requesting a Cervical Screening Test. This letter is from the Can We website, a project by ACON, funded by the Cancer Institute NSW and aimed at increasing cervical screening rates in LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Queer) populations. www.canwe.org.au/cervical-screening

All people with a cervix require regular Cervical Screening regardless of other sex characteristics, gender identity, gender expression, sexuality or sexual history. We thank you for taking the time to read this letter before seeing your patient and for respecting their identity and testing procedure choices.

Your patient has a history of trauma and/or traumatic experiences with Cervical Screening Tests in the past and has identified that it is important to employ practices of Trauma-Informed Care. The Blue Knot Foundation has helpful resources for GPs and other health professionals on adopting a trauma-informed approach to healthcare: www.blueknot.org.au

It is important to be aware of the name, gender identity and pronouns that should be used when addressing and discussing your patient, regardless of how they are registered in Medicare:

Name:

Gender identity:

Pronouns:

Please use only the following language to talk about this person's anatomy: _____

Your patient requests (tick all that apply):

- Self-collection of their Cervical Screening Test
- Self-insertion of the speculum
- Presence of friend / family member / partner
- To sit up a little rather than lying down for the test
- Clinician to stand slightly to the side of the exam table (not at the end)
- Smallest speculum
- Safe word to stop procedure entirely _____
- A quiet space afterwards
- A detailed description of what you are doing during the test
- A minimal description only of what you are doing during the test (e.g. notify when starting and finishing)
- Only minimal, respectful questions about previous Cervical Screening Test experiences
- Not to be asked about details of previous Cervical Screening Test experiences (apart from clinical requirements, e.g. results and date). Their last Cervical Screening Test was on (date): _____
- Other requests _____

Your expert clinical care is very much appreciated. If you would like more information on LGBTQ health please go to www.acon.org.au

Kind Regards,

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