

Hopepunk Therapy

Intake for GAC Letter

This form is intended to give us a head start for the session, and any information you are comfortable providing here will leave us more time to talk about the more nuanced aspects of getting gender affirming care. That said, if you do not wish to provide any particular detail requested here, feel free to note that in the answer and skip it. We can definitely address it in session. Thank you for entrusting your journey to my care.

Specifics for the letter

Your name (first and last)

The name you use daily

Your pronouns

The pronouns you use daily

Your legal name (first middle last)

For the purposes of the insurance company, I need your current legal name (even if it is the same as above)

Is this legal name a change from a previous name?

Yes

No

Your date of birth

Even if you have entered it elsewhere on this site

Are you currently under the care of a therapist or other mental health professional?

If yes, please include their name. If no, please describe previous therapy experience, if any.

What is this letter for, specifically

Choose one or more, or choose other and enter an answer

- Feminizing hormone replacement therapy (non-surgical)
- Masculinizing hormone replacement therapy (non-surgical)
- Breast augmentation
- Breast reduction
- Bilateral mastectomy with chest reconstruction
- Orchiectomy
- Scrotectomy
- Vaginoplasty
- Vulvoplasty (aka zero-depth vaginoplasty)
- Hysterectomy
- Oophorectomy
- Vaginectomy
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Chondrolaryngoplasty (tracheal shave)
- Facial Feminization/Masculinization Surgery
- Other

Have you identified who will provide this service for you? If so, who?

e.g., a doctor, or a clinic, or an institution, etc.

What insurance carrier do you hope to have cover this?

e.g., BCBS, Aetna, United, etc. Each will have slightly different policies about covered gender affirming care.

About your journey

What prompted you to seek gender affirming care now?

How soon do you need the letter?

When did you first know your body was incongruent with your gender?

Have you transitioned socially?

Please describe as you are able. We will also talk about this in the session.

Are you now, or have you previously been, undergoing hormone replacement therapy?

If yes, please explain.

Have you had any gender affirming surgeries?

If yes, please list procedure(s) and when you had them.

About you

What are stressors in your life currently?

What is your prior mental health history? Any prior diagnoses or treatment? If so, for what concerns and when and where were you treated?

Any current or prior thoughts of hurting yourself? If yes, explain?

Are you currently taking any psychiatric or non-psychiatric medications? If yes, please list each and the reason for taking them.

Do you have any current or previous physical health problems?

Injuries, illnesses, allergies, eating patterns, exercise, sleep, sex; all current medications; last exam by an MD?

Do you currently smoke cigarettes or use nicotine products?

Many surgeries involve microsurgery and smoking is contraindicated.

Do you have any current or prior history of substance use? If so, list substances used, any current use and frequency of use.

Do you have stable housing?

Please describe, briefly.

Marital status

If married, please list for how long.

- Married
- Separated
- Divorced
- Single
- Widowed
- Live with significant other

Any children?

If children please describe your relationship with them.

- Yes
- No

Is there anything we haven't talked about that is relevant or important, or that you feel I should know about?
