

Official Letterhead of Therapist (required)

Contact Information
(e.g., name, address, phone, email and/or website)

This is an example, anonymized, gender affirming care letter for adults. This example is applicable to both treatments (HRT) and procedures (surgeries). In the example, the client is a gender non-conforming person and has not legally changed their name, but their chosen name, they/them pronouns, and the courtesy title “Mx.” are used. These should be replaced by the client’s own name, pronouns, and title (e.g., Ms., Mr., Mx.). There are places where the client’s legal name must be used to comply with insurance demands. Those are indicated. Also, I’m a social worker, so adjust for your own profession.

Where indicated, the full and complete procedure or treatment name should be used. “Bottom surgery” or “HRT” or other general terms should not be used, but rather “vaginoplasty surgery” or “masculinizing hormone treatment.”

Regarding: [Chosen Firstname Lastname]
Legal name: [Legal Firstname Lastname] if different
DOB [MM/DD/YYYY]

Recommendation and referral for:

[Procedure/treatment]
[Procedure/treatment] if more than one

[Date of letter]

To whom it may concern,

I am writing this letter to assert my full support of Mx. Firstname Lastname, (they/them), to receive gender affirming [procedure/treatment].

I am a [profession, e.g., social worker, professional counselor, etc.] and licensed therapist, working with transgender and gender nonconforming individuals since [month, year]. I met with [Mx. Lastname] on [date(s) of session(s)] for the purpose of assessing psychological readiness and eligibility for gender affirming [procedure/treatment].

[Example of narrative portion, required by some interpretations of WPATH SoC 7.0, this will differ by client.]

[Mx. Lastname first knew their gender identity differed from their assigned sex at age x. They understood that they were transgender by age x. They attempted to come out at age x, and again at age x, but “I was too anxious, I had panic attacks before each attempt.” They report

distress due to their experience of gender dysphoria that has included fear, anxiety, and depression. “I couldn’t live like that, but I couldn’t come out. My plan was to disappear.” Once in a long term relationship, dysphoria led them to realize, “I was not being honest with the people I loved most.” Mx. Lastname ultimately came out at age x.]

[Example of section describing client’s previous interventions to alleviate gender incongruence, required by some interpretations of WPATH SoC 7.0, this will differ by client.]

[Mx. Lastname has socially transitioned by coming out, using their pronouns and name, and dressing consistent with their identity. They have been successfully and consistently living in a gender role congruent with their affirmed gender since [year]. They have been consistently on gender affirming hormone replacement therapy since [year]. Despite these interventions, they report significant continuing distress due to their experience of dysphoria.]

[End example sections]

By my independent evaluation of Mx. Lastname, I have diagnosed them with Gender Dysphoria (F64.9) as described in the DSM-5-TR. They have expressed a strong desire for gender affirming [procedure/treatment]. This will address their gender dysphoria by removing a persistent reminder of their gender incongruence.

Mx. Lastname has the capacity to consent for treatment with surgery. They are aware of the risks (including with regard to reproduction), benefits, alternatives, and after care needs of this [procedure/treatment], and have an excellent understanding of them. Furthermore, I do not see any confounding psychiatric diagnoses that would complicate this process of approving them for surgery. Mx. Lastname reports they are physically healthy to undergo this surgery. They report being stably housed and being prepared for their post-op recovery. They report no issues with illicit drug use or abuse. They expect to have continued access to mental health services and support through their current therapeutic relationship with [current therapist, credentials].

I believe that the next appropriate step for Mx. Lastname is to undergo gender affirming [procedure/treatment], and I believe this will help them make significant progress in further treating their gender incongruence.

I hereby recommend and refer Mx. Firstname Lastname to have this [procedure/treatment].

I am available for coordination and welcome any appropriate communication with your office.

Sincerely,

[Clinician’s signature]

[Clinician Name], [LICENSE(S) e.g. LMSW]
License: [STATE OF LICENSURE] [LICENSE#]

[If necessary:]

Clinical supervisor:

[Name], [LICENSE(S) e.g. LCSW], [STATE OF LICENSURE] [LICENSE#]