[Therapist Name]

Dear [DOCTOR BEING REFFERED TO]:

I am writing on behalf of my client [or patient], [NAME] aka [LEGAL NAME IF DIFFERENT], whom I would like to refer to you for [hormone therapy/other non-surgical procedure]. By way of introduction, I am a licensed [CLINICAL LICENSURE] in practice since [YYYY]. I am an employee of the Psychiatry Department at Boston Medical Center and I work closely with the Transgender Center.

As diagnosed by [therapist/outside provider] [NAME] meets the criteria for Gender Dysphoria (ICD 302.85)/Gender Incongruence.

INSERT ONE OF THREE FOLLOWING PARAGRAPHS BELOW, AS APPROPRIATE

[CLIENT/PATIENT WITH SERIOUS MH Hx, that is reasonably well controlled]

[NAME] also reports a prior history of [anxiety/depression/PTSD/substance abuse/bipolar disorder/schizophenia], which is currently reasonably well controlled with [therapy/medication/other]. [He/She/They] began therapy [with this therapist/with outside therapist] on [date client/patient began therapy]. [He/She/They] intends to continue [his/her/their] therapy on a [weekly/bi-weekly/as needed] basis. [NAME] also has [describe additional social/emotional/behavioral health supports]

[CLIENT/PATIENT WITH WELL CONTROLLED MH Hx]

[NAME] reports a prior history of [anxiety/depression/PTSD/substance abuse] which appears to have been in response to the stressors during [his, her, their] early stages of transitioning. At this time, [NAME]’s symptoms [are/are reasonably] well controlled [with therapy/with medication.] [NAME] has been sober from all substances of abuse since [date]. [He/She/They] began therapy [with this therapist/with outside therapist] on [date client/patient began therapy]. [He/She/They] intends to continue [his/her/their] therapy on a [weekly/bi-weekly/as needed] basis. [NAME] also has [describe additional social/emotional supports]

[CLIENT/PATIENT WITH NO MH Hx]

[NAME] reports no prior history of behavioral health problems or substance abuse. [NAME] has been connected to [this therapist/outside therapist] to provide ongoing support as needed around medical care and/or surgery.

CONTINUE LETTER HERE

At this time, [NAME] reports no mental health concerns that would confound a diagnosis of Gender Dysphoria (ICD 302.85)/Gender Incongruence. [NAME] reports an

established longstanding and strong identity as [gender]. [He/She/They] [does/does not] live full-time in the [male/female/non-binary] role in society [but/and] has presented [herself/himself/themself] as [male/female/non-binary] – both psychologically and socially since [date]. Based on my interactions with [NAME], [he/she/they] appears to be an appropriate candidate for [PROCEDURE], provided you find [her/him/them] medically fit.

If you would like to discuss this case in more detail, please call me at (NNN) NNN-NNNN. Thank you for your consideration.

[SIGNATURE]