[Therapist Name]

Dear [Dr. Performing Surgery]:

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 [TYPE OF SURGERY]. 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.

It appears that [NAME] (DOB MM/DD/YYYY), meets the criteria for Gender Dysphoria (ICD 302.85)/Gender Incongruence. [NAME] reports experiencing…LIST SPECIFIC DSM CRITERIA HERE. [NAME] appears to be mature and appears to comprehend the treatment benefits and potential side effects of such treatment. [go on to describe the current living situation and employment and familial and social supports].

INSERT ONE OF TWO FOLLOWING PARAGRAPHS BELOW, AS APPROPRIATE

[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 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 began therapy]. [He/She/They] intends to continue [his/her/their] therapy on a [weekly/bi-weekly/as needed] basis.

[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 surgery.

CONTINUE LETTER HERE

[NAME] has established a longstanding and strong identity as [gender]. [He/She/They] has been on hormones since [date client/patient started HRT or social transition]. [He/She/They] has had [if any previous surgeries put here with dates if no other procedures remove this line]. [He/She/They] is now seeking [name of surgery] to aid in [his, her, their] medical transition.

At this time, [NAME] reports [no mental health concerns/that all mental health concerns are well controlled. [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]. [If client/patient does not live full-time, provide rationale. E.g. Patient does not feel comfortable presenting at work until after she has completed genital surgery.] Based on my interactions with [NAME], [he/she/they] appears to a good candidate for [TYPE OF SURGERY], 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]