

Letter of Support from Mental Health Provider

Date:

Patient Name:

Patient DOB:

To whom it may concern:

[NAME OF PATIENT] is a patient of mine since [date of first visit]. I am writing this letter in support of [NAME OF PATIENT] undergoing [TYPE THE NAME OF THE PROCEDURE] [metoidioplasty/vaginoplasty/phalloplasty/hysterectomy/oophorectomy/orchiectomy/bilateral reduction mammoplasty with chest reconstruction/ breast augmentation]. This is a medically necessary procedure.

[NAME OF PATIENT] experiences persistent gender dysphoria, and I am in support of this gender-confirming surgery as the next step in their transition process. I have determined that [NAME OF PATIENT] has capacity to make informed consent around gender-affirming surgery.

[Please provide relevant psychiatric history here including diagnosis, recent hospitalizations or suicide attempts, whether their symptoms are well controlled, and why the client is ready for surgery at this time in your opinion]

Their current medical hormone regimen includes [insert currently prescribed hormone] which they have been taking since [insert hormone start date].

Please call me at (XXX) XXX-XXXX with any questions or to arrange follow-up care.

Sincerely,

[NAME OF PROVIDER]

[LICENSE NUMBER]