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SPILL THE TEA CAFE

CONFIDENTIAL

NAME OF RECIPIENT
RECIPIENT TITLE
RECIPIENT COMPANY
RECIPIENT ADDRESS
RECIPIENT CONTACT

DATE

SUBJECT: Gender Affirming Care Procedure for PATIENT INITIALS

To **[HONORIFIC]** NAME OF RECIPIENT /Whom It May Concern:

FULL LEGAL NAME (PREFERRED FIRST NAME) is currently under my professional care for treatment of a diagnosis as defined by the DSM-5-TR at Spill The Tea Cafe (STTC). I am writing as a Licensed Clinical Social Worker (LCSW) and licensed therapist to support the request for hormone replacement therapy for my client, who identifies as a GENDER IDENTITY. PREFERRED FIRST NAME is currently AGE and has demonstrated a longstanding and persistent identification with the GENDER IDENTITY gender.

In accordance with the World Professional Association for Transgender Health's Standards of Care, Version 8, we have engaged in a comprehensive evaluation and ongoing therapy to explore **PRONOUN** gender identity, the social implications of transitioning, and the potential benefits and risks associated with hormone therapy.

PREFERRED FIRST NAME has lived consistently in her affirmed female gender role for GENDER IDENTITY TIME TO DATE, demonstrating a clear understanding and acceptance of the permanence of the physical and social changes associated with hormone therapy. PREFERRED FIRST NAME has clearly expressed persistent symptoms of dysphoria, including: ENTER ANY PATIENT SPECIFIC DYSPHORIA SYMPTOMS. PREFERRED FIRST NAME has also had discussions with **PRONOUN** parents and therapist on interest in top surgery along with bottom surgery in the future to combat her gender dysphoria. Her parents, PARENT(S) NAMES, are supportive of this decision. STTC has provided informed consent, understanding the implications, benefits, potential risks, and alternatives of hormone replacement therapy.

Given PREFERRED FIRST NAME's consistent gender identity, the support **PRONOUN** has in **PRONOUN** social environment, and the potential benefits to **PRONOUN** mental health, I support the initiation of hormone replacement therapy under the guidance of a specialist in adolescent transgender health. Please feel free to contact me if you require further information.

Thank you,
SEND OVER TO KIKI@SPILLTHETEACAFE.ORG FOR SIGNATURE

Haylin Dennison, LCSW
NPI #1215260278
License # 3914, HI
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(808) 364-7592