

To: Surgeon

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above-named patient for gender affirming chest surgery including bilateral mastectomy and male chest contouring.

(insert name) was seen on (insert dates) for consideration of male chest contouring in the context of medical transition. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns). (insert pronoun) is (insert partner status) and lives (with whom). (insert pronoun) is currently (describe job, school, employment status)

#### Optional – if part of a transgender health clinic

(insert name) has been known to our team at \_\_\_\_\_ since \_\_\_\_\_ when they presented seeking gender affirming care. \_\_\_\_I

#### Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting top surgery, namely bilateral mastectomy and chest contouring (or chest surgery).

#### Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)  
(Insert pronoun) has been aware of (insert pronoun) (insert gender identity) since (insert age).

(Insert pronoun) has significant dysphoria related to (insert pronoun) chest and (insert any other reasons given by the patient] (insert pronoun) has therefore, after careful

consideration, decided to proceed with chest reconstruction to have a permanently flat, masculine appearing chest.

*Optional – Social Transition: not a criterion for chest surgery*

(insert pronoun) has been living socially in a (insert name of gender role) gender role since (insert date) including (insert pronouns) and using a name mostly associated with (gender role). (insert pronoun) has been pleased/not pleased with (insert pronoun) social namely (insert areas).

*Optional – Hormone Therapy: not a criterion for chest surgery*

(insert pronoun) was assessed by (insert name of assessor) and given that (insert pronoun) met WPATH criteria for hormone therapy was started on testosterone by (insert name of endocrinologist/primary care practitioner on (insert date). (insert pronoun) has been pleased/not pleased with the effects of testosterone therapy namely (insert changes).

**Criterion 3: If medical and mental health conditions are present, they must be reasonably well-controlled.**

Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

(Insert pronoun) current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts).(if smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Substance use: (insert type, past and current status and amounts) (If smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Alcohol use: (insert type, past and current status and amounts)

Surgical History

Past surgical history includes (insert past surgical history)

Medications:

(list names and dosing)

Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change.)

### Psychosocial History

(insert psychosocial history)

### Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change).

### Criterion 4: Capacity to consent for treatment

(Insert name) identifies (insert pronoun) social supports as (insert names of people and relationship to person). (insert pronoun) indicates that (insert person) will be available to assist in the post-operative period. (insert pronoun) has stable housing (describe living situation)

(insert pronoun) is currently working as (insert job) studying at (insert institution) on disability [etc]. (insert pronoun) is able to take time from work/school and will have the financial ability manage in the post-operative period.

(insert name) and I met on (insert date) for a thorough discussion of (insert pronoun) desire for chest surgery. Risks discussed include general anesthetic risk, death, bleeding & possible need for transfusion, damage to surrounding structures, blood clots, hematomas, seromas, problems with wound dehiscence, nipple graft failure, scarring, loss of sensation, dissatisfaction with the appearance of (insert pronoun) chest, need for revision and potential for regret. (insert name) understands the typical post-operative course including pain and swelling, drains, compression vest and the need for reduced activities and close medical follow-up. (insert pronoun) is aware of possible financial costs after surgery (ie bandages, topical ointments, etc...)

(insert name) understands (insert pronoun) will need extensive support in the post-op period and (insert pronoun) plan is (insert details of plan).

[Insert any mental status exam comments here] I found him to have a clear understanding of the information discussed, and realistic expectations of the outcome. (insert pronoun) has the capacity to consent for this procedure.

### Summary

In summary, (add name) meets the four criteria for chest surgery: (insert pronoun) has persistent well-documented gender dysphoria, (insert pronoun) has full capacity to consent to the treatment, (insert pronoun) is above the age of the majority and medical and mental health are reasonable well-controlled.

(add name) is an appropriate candidate for bilateral mastectomy and male chest contouring in the context of gender transition. (insert pronoun) meets all WPATH criteria for surgical intervention and has a solid aftercare plan in place. I therefore recommend him for the procedure.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxx

Sincerely,

To: Endocrinologist/GP/NP

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above-named patient for gender affirming masculinizing hormone therapy.

(insert name) was seen on (insert dates) for consideration of masculinizing hormone therapy in the context of medical transition. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns and use consistently throughout document). (insert pronoun) is (insert partner status) and lives (with whom). (insert pronoun) is currently (describe job, school, employment status)

#### Optional – if part of a transgender health clinic

(insert name) has been known to our team at \_\_\_\_\_ since \_\_\_\_\_ when they presented seeking gender affirming care.

#### Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting masculinizing hormone therapy.

#### Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)  
(insert pronoun) has been aware of (insert pronoun) (insert gender identity) gender identity since (insert age).

(insert pronoun) has significant dysphoria related to (insert pronoun) body [insert any other reasons given by the patient] (insert pronoun) has therefore, after careful

consideration, decided to proceed with permanent masculinization through hormone therapy.

*Optional – Social Transition: not a criterion for masculinizing hormone therapy*

(insert pronoun) has been living socially in a (insert gender identity) gender role since (insert date) including (insert gender identity) pronouns and using a name mostly associated with males. (insert pronoun) has been pleased/not pleased with (insert pronoun) social namely (insert areas).

**Criterion 3: If medical and mental health conditions are present, they must be reasonably well-controlled.**

Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

(insert pronoun) current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts)

Substance use: (insert type, past and current status and amounts)

Alcohol use: (insert type, past and current status and amounts)

Surgical History

Past surgical history includes (insert past surgical history)

Medications:

(list names and dosing)

Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change.)

Psychosocial History

(insert psychosocial history)

Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change).

#### Criterion 4: Capacity to consent for treatment

(Insert name) identifies (insert pronoun) social supports as (insert names of people and relationship to person). (insert pronoun) has stable housing (describe living situation)

(insert pronoun) is currently working as (insert job) studying at (insert institution) on disability [etc]. (insert pronoun) has the financial ability to pay for the medication.

We discussed risks, benefits and side effects expected with masculinizing hormone therapy and I feel confident [or Insert any mental status exam comments here] that \_\_\_\_\_ has a clear understanding of the information. I feel (insert pronoun) has realistic expectations and has the capacity to consent to the treatment. \_\_\_\_\_ understands the need for ongoing monitoring by a physician while taking hormone therapy. Please see the attached consent document for the details of this consent discussion.

#### Summary

In summary, (add name) meets the four criteria for masculinizing hormone therapy: (insert pronoun) has persistent well-documented gender dysphoria, (insert pronoun) has full capacity to consent to the treatment, (insert pronoun) is above the age of the majority and medical and mental health are reasonably well-controlled.

I therefore recommend him for masculinizing hormone therapy in the context of medical transition.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxx

Sincerely,

To: Surgeon

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above-named patient for gender affirming metoidioplasty.

(insert name) was seen on (insert dates) for consideration of metoidioplasty. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns). (insert pronoun) is (insert partner status) and lives (with whom). (insert pronoun) is currently (describe job, school, employment status)

#### Optional – if part of a transgender health clinic

(insert name) has been known to our team at \_\_\_\_\_ since \_\_\_\_\_ when they presented seeking gender affirming care. \_\_\_\_|

#### Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting top surgery, namely metoidioplasty.

#### Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)  
(insert pronoun) has been aware of (insert pronoun) (insert gender identity) gender identity since (insert age).

#### Criterion 3: Social Transition: one-year

(insert pronoun) has been living socially in a (insert gender identity) gender role since (insert date) including (insert gender identity) pronouns and using a name mostly associated with (insert gender identity). (insert pronoun) has been pleased/not pleased with (insert pronoun) social namely (insert areas).

#### Criterion 4 – Hormone Therapy: one year



(insert pronoun) was assessed by (insert name of assessor) and given that (insert pronoun) met WPATH criteria for hormone therapy was started on testosterone by (insert name of endocrinologist/primary care practitioner on (insert date). (insert pronoun) has been pleased/not pleased with the effects of testosterone therapy namely (insert changes).

**Criterion 5: If medical and mental health conditions are present, they must be well-controlled.**

### Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

(insert pronoun) current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts).(if smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Substance use: (insert type, past and current status and amounts) (If smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Alcohol use: (insert type, past and current status and amounts)

### Surgical History

Past surgical history includes (insert past surgical history)

### Medications:

(list names and dosing)

### Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change.)

### Psychosocial History

(insert psychosocial history)

(insert pronoun) current sexual history includes (describe sexual activity (with partner, self-stimulation, none) and indicates that (insert pronoun) is able to orgasm (yes/no) as a result of sexual stimulation.

### Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change).

#### Criterion 6: Capacity to consent for treatment

(Insert name) identifies (insert pronoun) social supports as (insert names of people and relationship to person). (insert pronoun) indicates that (insert person) will be available to assist in the post-operative period. (insert pronoun) has stable housing (describe living situation).

(insert pronoun) is currently working as (insert job) studying at (insert institution) on disability [etc]. (insert pronoun) is able to take time from work/school and will have the financial ability manage in the post-operative period.

\_\_\_\_\_ and I met on \_\_\_\_\_ for a thorough discussion of (insert pronoun) desire for genital surgery. (insert pronoun) has significant dysphoria related to (insert pronoun) genitals which has been present since \_\_\_\_\_. The main goals for him are to be able to urinate in a standing position and feel greater comfort with (insert pronoun) body especially in intimate situations. [revise with patient's own reasons for wanting surgery] (insert pronoun) has therefore, after careful consideration, decided to proceed with permanent masculinization of (insert pronoun) genitals including metoidioplasty, vaginectomy and scrotal implants. [Alter as needed for different surgical plans] I am confident that \_\_\_\_ understands what to expect including the need to travel to twice to Montreal for 1) metoidioplasty & vaginectomy and 2) scrotoplasty. We discussed the potential risks including risk related to general anesthetic, death, excessive blood loss and need for transfusion, blood clots, damage to surrounding structures, hematomas, seromas, infection or abscess, wound dehiscence, nerve damage and loss of sensation, decreased sexual satisfaction, inability to orgasm, urinary complications such as fistula, stricture, stenosis, excessive scarring, dissatisfaction with appearance and or function of the genitals, need for revisions, and post-op regret.

\_\_\_\_\_ understands the typical post-operative course including pain, bruising, bleeding, swelling, numbness and or shooting/burning pains, urinary catheter and constipation. (insert pronoun) understands the need to reduce activities & take time off from work to allow for proper healing. (insert pronoun) understands (insert pronoun) will need extensive support in the post-op period and (insert pronoun) plan is \_\_\_\_\_. (insert pronoun) also understands the importance of close medical follow-up & nursing care.

(insert pronoun) understands (insert pronoun) will need extensive support in the post-op period and (insert pronoun) plan is (insert details of plan).

[Insert any mental status exam comments here] I found him to have a clear understanding of the information discussed, and realistic expectations of the outcome. (insert pronoun) has the capacity to consent for this procedure.

#### Summary

In summary, (add name) meets the six criteria for metoidioplasty:

- persistent well-documented gender dysphoria,
- capacity to consent to treatment,
- at/above the age of the majority,
- medical and mental health are well-controlled,
- one year of masculinizing hormone therapy, and
- one year of living continuously in a gender-congruent role.

(add name) is an appropriate candidate for metoidioplasty in the context of gender transition. (insert pronoun) meets all WPATH criteria for surgical intervention and has a solid aftercare plan in place. I therefore recommend him for the procedure.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxx

Sincerely,

To: Surgeon

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above-named patient for gender affirming phalloplasty

(insert name) was seen on (insert dates) for consideration of phalloplasty. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns). (insert pronoun) is (insert partner status) and lives (with whom). (insert pronoun) is currently (describe job, school, employment status).

#### Optional – if part of a transgender health clinic

(insert name) has been known to our team at \_\_\_\_\_ since \_\_\_\_\_ when they presented seeking gender affirming care. \_\_\_\_|

#### Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting top surgery, namely phalloplasty.

#### Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)  
(insert pronoun) has been aware of (insert pronoun) (insert gender identity) gender identity since (insert age).

#### Criterion 3: Social Transition: one-year

(insert pronoun) has been living socially in a (insert gender identity) gender role since (insert date) including (insert gender identity) pronouns and using a name mostly associated with (insert gender identity). (insert pronoun) has been pleased/not pleased with (insert pronoun) social namely (insert areas).

#### Criterion 4 – Hormone Therapy: one year

(insert pronoun) was assessed by (insert name of assessor) and given that (insert pronoun) met WPATH criteria for hormone therapy was started on testosterone by (insert name of endocrinologist/primary care practitioner on (insert date). (insert pronoun) has been pleased/not pleased with the effects of testosterone therapy namely (insert changes).

**Criterion 5: If medical and mental health conditions are present, they must be well-controlled.**

### Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

(insert pronoun) current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts).(if smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Substance use: (insert type, past and current status and amounts) (If smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Alcohol use: (insert type, past and current status and amounts)

### Surgical History

Past surgical history includes (insert past surgical history)

### Medications:

(list names and dosing)

### Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change.)

### Psychosocial History

(insert psychosocial history)

(insert pronoun) current sexual history includes (describe sexual activity (with partner, self-stimulation, none) and indicates that (insert pronoun) is able to orgasm (yes/no) as a result of sexual stimulation.

### Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change).

#### **Criterion 6: Capacity to consent for treatment**

(Insert name) identifies (insert pronoun) social supports as (insert names of people and relationship to person). (insert pronoun) indicates that (insert person) will be available to assist in the post-operative period. (insert pronoun) has stable housing (describe living situation).

(insert pronoun) is currently working as (insert job) studying at (insert institution) on disability [etc]. (insert pronoun) is able to take time from work/school and will have the financial ability manage in the post-operative period.

\_\_\_\_\_ and I met on \_\_\_\_\_ for a thorough discussion of (insert pronoun) desire for genital surgery. (insert pronoun) has significant dysphoria related to (insert pronoun) genitals which has been present since \_\_\_\_\_. The main goals for him are to be able to urinate in a standing position, have penetrative sex and feel greater comfort with (insert pronoun) body especially in intimate situations. [revise with patient's own reasons for wanting surgery] (insert pronoun) has therefore, after careful consideration, decided to proceed with permanent masculinization of (insert pronoun) genitals including phalloplasty, vaginectomy, scrotal implants and insertion of penile prosthesis. [Alter as needed for different surgical plans] I am confident that \_\_\_\_\_ understands what to expect including the need to travel to (insert city) several times and the fact that the procedures result in sterility.

We discussed the potential risks including risk related to general anesthetic (including death), excessive blood loss and need for transfusion, blood clots, damage to surrounding structures, hematomas, seromas, infection or abscess, risks to donor site such as nerve damage, swelling and pain in the arm, penile graft failure, problems with wound dehiscence, nerve damage and loss of sensation, decreased sexual satisfaction, inability to orgasm, urinary complications such as fistula, stricture, stenosis, excessive scarring, dissatisfaction with appearance and or function of the genitals, need for revisions, and post-op regret.

\_\_\_\_\_ understands the typical post-operative course including pain, bruising, bleeding, swelling, numbness and or shooting/burning pains, urinary catheter and constipation. (insert pronoun) understands the need to reduce activities & take time off from work to allow for proper healing. (insert pronoun) understands (insert pronoun) will need extensive support in the post-op period and (insert pronoun) plan is \_\_\_\_\_. (insert pronoun) also understands the importance of close medical follow-up & nursing care.

(insert pronoun) understands (insert pronoun) will need extensive support in the post-op period and (insert pronoun) plan is (insert details of plan).

[Insert any mental status exam comments here] I found him to have a clear understanding of the information discussed, and realistic expectations of the outcome. (insert pronoun) has the capacity to consent for this procedure.

## Summary

In summary, (add name) meets the six criteria for phalloplasty:

- persistent well-documented gender dysphoria,
- capacity to consent to treatment,
- at/above the age of the majority,
- medical and mental health are well-controlled,
- one year of masculinizing hormone therapy, and
- one year of living continuously in a gender-congruent role.

(add name) is an appropriate candidate for phalloplasty in the context of gender transition. (insert pronoun) meets all WPATH criteria for surgical intervention and has a solid aftercare plan in place. I therefore recommend him for the procedure.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxx

Sincerely,

To: Surgeon

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above-named patient for gender affirming vaginoplasty

(insert name) was seen on (insert dates) for consideration of vaginoplasty. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns). (insert pronoun) is (insert partner status) and lives (with whom). (insert pronoun) is currently (describe job, school, employment status).

#### Optional – if part of a transgender health clinic

(insert name) has been known to our team at \_\_\_\_\_ since \_\_\_\_\_ when they presented seeking gender affirming care. \_\_\_\_I

#### Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting top surgery, namely vaginoplasty.

#### Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)  
(insert pronoun) has been aware of (insert pronoun) (insert gender identity) gender identity since (insert age).

#### Criterion 3: Social Transition: one-year

(insert pronoun) has been living socially in a (insert gender identity) gender role since (insert date) including (insert gender identity) pronouns and using a name mostly associated with (insert gender identity). (insert pronoun) has been pleased/not pleased with (insert pronoun) social namely (insert areas).

#### Criterion 4 – Hormone Therapy: one year



(insert pronoun) was assessed by (insert name of assessor) and given that (insert pronoun) met WPATH criteria for hormone therapy was started on estrogen and (insert name) by (insert name of endocrinologist/primary care practitioner on (insert date)). (insert pronoun) has been pleased/not pleased with the effects of estrogen therapy namely (insert changes).

**Criterion 5: If medical and mental health conditions are present, they must be well-controlled.**

### Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

(insert pronoun) current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts).(if smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Substance use: (insert type, past and current status and amounts) (If smoking insert - (insert pronoun) is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Alcohol use: (insert type, past and current status and amounts)

### Surgical History

Past surgical history includes (insert past surgical history)

### Medications:

(list names and dosing)

### Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change.)

### Psychosocial History

(insert psychosocial history)

(insert pronoun) current sexual history includes (describe sexual activity (with partner, self-stimulation, none) and indicates that (insert pronoun) is able to orgasm (yes/no) as a result of sexual stimulation.

### Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change).

#### **Criterion 6: Capacity to consent for treatment**

(Insert name) identifies (insert pronoun) social supports as (insert names of people and relationship to person). (insert pronoun) indicates that (insert person) will be available to assist in the post-operative period. (insert pronoun) has stable housing (describe living situation).

(insert pronoun) is currently working as (insert job) studying at (insert institution) on disability [etc]. (insert pronoun) is able to take time from work/school and will have the financial ability manage in the post-operative period.

\_\_\_\_\_ and I met on \_\_\_\_\_ for a thorough discussion of (insert pronoun) desire for genital surgery. (insert pronoun) has significant dysphoria related to (insert pronoun) genitals which has been present since \_\_\_\_\_. The main goals for (insert pronoun) are to have receptive vaginal sex and feel greater comfort with (insert pronoun) body especially in intimate situations. [revise with patient's own reasons for wanting surgery] (insert pronoun) has therefore, after careful consideration, decided to proceed with permanent feminization of (insert pronoun) genitals including vaginoplasty, penectomy and orchiectomy. [Alter as needed for different surgical plans] I am confident that \_\_\_\_\_ understands what to expect including the need to travel to (insert city) for these procedures and the fact that the procedures result in sterility.

\_\_\_\_\_ and I have had a full discussion of the potential risks including risk related to general anesthetic (including death), excessive blood loss and need for transfusion, blood clots, damage to surrounding structures, hematomas, seromas, infection or abscess, wound dehiscence, nerve damage and loss of sensation, decreased sexual satisfaction, inability to orgasm, urinary complications such as fistula, stricture, stenosis, excessive scarring, dissatisfaction with appearance and or function of the genitals, need for revisions, and post-op regret.

\_\_\_\_\_ understands the typical post-operative course including pain, bruising, bleeding, swelling, numbness and or shooting/burning pains, urinary catheter and constipation. (insert pronoun) understands the importance of adhering to the required aftercare routine of dilation, douching and sitz baths. (insert pronoun) understands the need to reduce activities & take time off from work to allow for proper healing. (insert pronoun) understands (insert pronoun) will need extensive support in the post-op period and (insert pronoun) plan is \_\_\_\_\_. (insert pronoun) also understands the importance of close medical follow-up & nursing care.

(insert pronoun) understands (insert pronoun) will need extensive support in the post-op period and (insert pronoun) plan is (insert details of plan).

[Insert any mental status exam comments here] I found (insert pronoun) to have a clear understanding of the information discussed, and realistic expectations of the outcome. (insert pronoun) has the capacity to consent for this procedure.

## Summary

In summary, (add name) meets the six criteria for vaginoplasty:

- persistent well-documented gender dysphoria,
- capacity to consent to treatment,
- at/above the age of the majority,
- medical and mental health are well-controlled,
- one year of feminizing hormone therapy, and
- one year of living continuously in a gender-congruent role.

(add name) is an appropriate candidate for vaginoplasty in the context of gender transition. (insert pronoun) meets all WPATH criteria for surgical intervention and has a solid aftercare plan in place. I therefore recommend (insert pronoun) for the procedure.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxx

Sincerely,

[TRS Surgical Summary Sheets](#) (please send link)