

Dr [Doctor Name]
[Qualifications]
[Type of physician]
Medicare Provider:

[DATE]

Re: [Patient Name]

You can find and replace the following terms: [Patient Name] [Patient First Name] [Doctor Name] & [Procedure Name].

You can also replace the pronouns in this letter by replacing [Pronoun 1] with the singular subject pronoun (e.g. he, she, they) and [Pronoun 2] with the singular possessive pronoun (e.g. his, her, their)

Thank you for attending [Patient Name], who is ready and suitable for [Procedure Name] as part of their gender affirmation.

[Patient First Name] is [patient's identity, e.g. a trans woman / a non-binary person]. Pronouns are [Pronoun 1]/[Pronoun 2].

[Patient First Name] was assessed on [DATE].

[Describe gender identity, pronouns, original assessment.]

Since their original assessment [progress, change, etc].

[Specifics re medical and mental health concerns and their control]

[Patient First Name] has a strong understanding of the nature, purpose and outcomes of [Procedure Name], including the recovery timeframe and any effects and side effects.

[Any additional insight]

[Patient First Name]'s capacity to consent to this procedure was specifically assessed.

- Prepared to make decision
- Has a solid plan for gender affirmation
- Understands alternatives
- Retains information – and recalls the advantages and disadvantages
- Can balance those factors to arrive at a decision
- Understands nature and purpose of [Procedure Name]
- Understands concepts of permanence and irreversibility
- Freedom from pressure, including pain, to make this decision
- Treatment is in their best interest
- Sufficient intellect and maturity to make the decision
- Meets all criteria outlined in the WPATH Standards of Care version 7

[Patient First Name] has demonstrated capacity to make an informed decision regarding [Procedure Name]. [Pronoun] fulfils the World Health Organization International Classification of Diseases (ICD-11) criteria for *Gender Incongruence in Adults and Adolescents*, in that:

1. [Pronoun 1] has a persistent incongruence between [Pronoun 2] experienced gender and [Pronoun 2] assigned sex
2. [Pronoun 1] has capacity to make informed decisions as described above
3. [Pronoun 1] is [age] years of age, and is thus legally emancipated to make informed medical decisions
4. [Pronoun 1] medical and mental health concerns are reasonably controlled

I, [Clinician's Name], meet the minimum competencies outlined in the WPATH Standards of Care version 7, to provide this surgical readiness referral.

I have the following trainings and competencies:

- Master's degree or equivalent in the clinical behavioural science field:
 - _____
- Credentials/accreditation from the following accreditation authority or professional association _____
- Using the DSM and/or ICD for diagnostic purposes
- Psychotherapy or counselling
- I am knowledgeable about the trans experience, and the assessment and treatment of gender dysphoria
- I am a member of AusPATH / WPATH (circle either or both)
- Continuing education in this field

I support [Patient Name]'s decision to undergo [Procedure Name] and believe that it is in [Pronoun 2] best interest. This procedure is a medical necessity.

Please do not hesitate to contact me if you have any questions or concerns.

[Signature]

Yours sincerely

[Name]

[Type of clinician]