

SAMPLE BEHAVIORAL HEALTH LETTER

(ON LETTERHEAD)

(Date)

Re: **(patient's legal name and preferred name)**

(Date of birth)

Dear Dr. **(name)**:

I am writing on behalf of my client **(legal name, preferred name, and date of birth)**, who uses **(pronouns)**, whom I would like to refer for gender affirmation surgery **(chest reconstruction or breast augmentation)**. **(Patient preferred name)** has been seeing me for therapy since **(date)** and was evaluated by me on **(date)**. **(Patient preferred name)** is being followed for primary care by **(name of physician)**.

(Patient preferred name) identifies as **(gender)** both socially and psychologically. **(Patient preferred name)** has been living **(pronoun used)** life fully and openly as **(gender)** for **(x amount of time)**. Patient preferred name presents full time as **(identified sex/gender)**.

If undergoing hormone therapy include this section (if not disregard)

(Patient preferred name) presents full times as **(identified sex/gender)** and has had a positive experience with **(feminization/masculinization)** through hormone therapy since **(date)**.

(Patient preferred name) continues to experience significant emotional distress due to **(pronouns used)** body not fully aligning with **(identified gender identity)**. It is my professional opinion that in this way, **(patient preferred name)** meets the criteria for having gender dysphoria (ICD 10: F64.1) and meets the Diagnostic and Statistical Manual of Mental Disorders 5 Edition criteria.

Having gender affirmation **(chest reconstruction or breast augmentation)** surgery is the next appropriate step to enable **(patient preferred name)** to continue living as **(gender)** the role in which **(pronouns used)** most comfortably and effectively function.

(Patient preferred name) has demonstrated an understanding of the permanence, costs, recovery time, and possible complications of this surgical gender affirmation surgery and is fully capable of making an informed decision about surgery. **(Patient preferred name)** is reasonably expected to follow pre and post-surgical treatment recommendations responsibility.

It is my opinion that **(patient preferred name)** is emotionally and practically ready for this surgery provided you find **(pronoun used)** medically fit. If you would like to discuss this in more detail, please call me at **(telephone number)**.

Sincerely,

Physical signature must be included

(mental health provider name), (credentials)