



# Trans Health Project

*Working for Transgender Equal Rights*

## Adult Hormone Replacement Therapy Checklist

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Use this checklist to ensure that each element is included in your letter. Use language that is client specific; do not simply copy this checklist.

### Identification of patient and diagnosis

- The client's general identifying characteristics (age, gender, etc.)
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- Results of the client's psychosocial assessment, including any diagnoses

### Statement of Medical Necessity

- Explain that WPATH criteria for hormones have been met. (p. S258, Appendix D of WPATH SOC v8, available [here](#)) Address each point of the WPATH Criteria:
  - Gender incongruence is marked and sustained
  - Meets diagnostic criteria for gender incongruence prior to gender-affirming hormone treatment in regions where a diagnosis is necessary to access health care
  - Demonstrates capacity to consent for the specific gender-affirming hormone treatment
  - Other possible causes of apparent gender incongruence have been identified and excluded
  - Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed
  - Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options
- Indicate you recommend initiating hormone replacement therapy
- Use the phrase "medically necessary," which is generally defined in insurance policies simply to mean clinically appropriate care to treat a condition in accordance with generally recognized standards of care
- Note harms associated with withholding or delaying hormone replacement therapy
- If you have liaised with professionals from different disciplines within the field of trans health for consultation and referral, note that

### State the qualifications of the provider

Discuss your credentials as applicable. Omit things that do not apply.

- Education and degree
- Licensure
- Length of time & experience working with/diagnosing trans patients
- Number/percentage of trans patients seen, if a significant part of your practice
- Continuing education in the assessment and treatment of gender dysphoria;
- Relevant professional associations
- Relevant publications
- Relevant trainings given, courses taught
- Consider attaching CV if a specialist

If you need any additional information, please do not hesitate to contact me at [phone].

Sincerely,

Signature

Provider's Name

Licensing information

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