



Trans Health Project

Working for Transgender Equal Rights

Adult Surgery Checklist

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 the procedure and diagnosis

- ☐ The client's general identifying characteristics (age, gender, etc.)
- ☐ The duration of the provider's relationship with the patient
- ☐ That the patient has gender dysphoria
- ☐ Procedure needed

Procedure-Specific Dysphoria & Related Complaints

- ☐ Include a narrative of gender dysphoria symptoms generally, and those that specifically relate to the procedure in question.
- ☐ Any complaints of how gender dysphoria impedes their ability to perform activities of daily life
- ☐ Any steps they have taken to alleviate gender dysphoria such as chest binding, makeup, wigs, prosthetics, etc.
- ☐ Harms associated with not having or delaying surgery
 - ☐ Example: Breast Augmentation
 - ☐ That the patient has had insufficient breast growth to alleviate their gender dysphoria
 - ☐ Any complaints that the patient has stated about the size and shape of their current breasts, misgendering, clothing, etc.
 - ☐ If breasts are atypical for a female, describe, e.g., size, Tanner stage, more like male gynecomastia (breast mass concentrated closer to the nipple);
 - ☐ Reference to size of the torso if the breasts are disproportionately small compared to their overall body
 - ☐ Example: Facial Surgery
 - ☐ Discussion of the distress that is caused by having male facial features
 - ☐ Examples of being misgendered because of their face
 - ☐ Examples of limitations/impairment related to face dysphoria (anxiety in public, street harassment, employment discrimination, intimate relationships, etc.) caused by their face
 - ☐ Any steps the patient has taken to cope such as make up, headbands, wigs, hats, hairstyles, etc. and how that is insufficient
 - ☐ Example: Facial Hair Removal
 - ☐ Dysphoria specifically related to facial hair
 - ☐ Using makeup to hide beard shadow
 - ☐ Describe specific examples of impairment due to facial hair (how they are limited presently socially, school, physically, etc.)
 - ☐ Example: Top surgery
 - ☐ Chest dysphoria
 - ☐ Binding, problems associated with binding
 - ☐ Long-standing desire for surgery

Statement of medical necessity

- ☐ Explain that WPATH criteria for surgery 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 surgical intervention in regions where a diagnosis is necessary to access health care
 - ☐ Demonstrates capacity to consent for the specific gender-affirming surgical intervention
 - ☐ Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options
 - ☐ Other possible causes of apparent gender incongruence have been identified and excluded
 - ☐ Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed
 - ☐ Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, **unless hormone therapy is either not desired or is medically contraindicated**)
- ☐ Indicate you recommend surgery
- ☐ 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
- ☐ Indicate if the surgery is undertaken for the purpose of treating gender dysphoria and will help to alleviate the person’s gender dysphoria
- ☐ If you have liaised with professionals from different disciplines within the field of trans health for consultation and referral, note that
- ☐ If you have seen this surgery help other trans patients, 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

Content last updated on Mar 12, 2025 - PDF generated from: <https://transhealthproject.org/resources/provider-medical-necessity-letter-checklists/adult-surgery-checklist-2025/> on .

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