



# Trans Health Project

*Working for Transgender Equal Rights*

## Facial hair removal - Hormone provider 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 the procedure and diagnosis (per WPATH SOC p. 28)

- The duration of the provider's relationship with the patient
- That the patient has gender dysphoria
- Procedure needed (permanent facial hair removal)

### Hormone use

- List any hormone treatments
- Date started
- That they take the hormones consistently and appropriately
- Hormone therapy cannot eliminate facial hair
- Hormones have not decreased facial hair sufficiently to alleviate gender dysphoria

### Comment on any other symptoms you are aware of such as

- Dysphoria specifically related to the facial hair
- Using makeup to hide beard shadow
- Limiting social activities as a result of facial hair

### Capacity to make a fully informed decision and to consent for treatment

- Patient has capacity to make a fully informed decision
- Patient has provided informed consent for hair removal

### Statement of medical necessity

- Indicate if you recommend permanent hair removal
- If you find it to be accurate, use the phrase "medically necessary," which is defined in insurance policies simply to mean clinically appropriate care to treat a condition in accordance with generally recognized standards of care
- That hair removal is performed to treat gender dysphoria
- Indicate if hair removal will help to alleviate the person's gender dysphoria
- If you have seen other patients benefit from facial hair removal, indicate 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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Content last updated on Nov 19, 2020 - PDF generated from: <https://transhealthproject.org/resources/provider-medical-necessity-letter-checklists/facial-hair-removal-hormone-provider-checklist/> on .

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