



# Trans Health Project

*Working for Transgender Equal Rights*

## Facial hair removal - Mental health professional 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 Standards of Care p. 28](#):

- The client's general identifying characteristics
- 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
- Procedure needed

### Narrative account of gender dysphoria

- Show "Persistent, well-documented gender dysphoria" (SOC p. 59)
- Narrative of the person's trans history, including hormone use. If no hormone use, explain why that is clinically appropriate for that person.
- Narrative of gender dysphoria symptoms
- Note any history of gender-related depression, anxiety, self-harm, suicidality, etc.

### Comment on facial-hair-specific symptoms you are aware of such as

- Dysphoria specifically related to the facial hair
- Using makeup to hide beard shadow
- Describe specific examples of impairment due to the facial hair (how they are limited presently socially, school, physically, etc.)

### 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

## 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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