Facial hair removal - Hormone provider 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 (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


If you find this helpful, please consider making a donation at https://transgenderlegaldefense.networkforgood.com to support our work.