



Trans Health Project

Working for Transgender Equal Rights

Facial hair removal - Mental health professional 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 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

Content last updated on Nov 20, 2020 - PDF generated from: <https://transhealthproject.org/tools/provider-medical-necessity-letter-checklists/facial-hair-removal-mental-health-professional-checklist/> on .

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