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


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