



Trans Health Project

Working for Transgender Equal Rights

Facial surgery for gender dysphoria - Hormone provider or surgeon 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

Hormone use

- ☐ What hormone therapy the patient is on
- ☐ Date started and length of time on hormones
- ☐ That the patient takes the hormones consistently and appropriately
- ☐ Limits of hormones on ability to change facial features
- ☐ That hormone therapy has been insufficient to change the shape of her face to alleviate gender dysphoria

Face dysphoria

- ☐ Any complaints that the patient has stated about her face or misgendering
- ☐ Describe facial features that are typically male
- ☐ Surgeon: describe how the specific procedures will change those features from male to female

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 surgery (if you have discussed it with them)

Statement of medical necessity

- ☐ Indicate if you recommend surgery
- ☐ 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
- ☐ Indicate if the surgery is undertaken for the purpose of treating gender dysphoria and will help to alleviate the person's gender dysphoria
- ☐ If you have seen this surgery help other trans patients, note 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

Content last updated on Nov 19, 2020 - PDF generated from: <https://transhealthproject.org/tools/provider-medical-necessity-letter-checklists/facial-surgery-for-gender-dysphoria-hormone-provider-or-surgeon-checklist/> on .

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