Top surgery for a minor - 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
- ☐ List any puberty suppression or hormone treatments
  - ☐ Date started
  - ☐ That they take the hormones consistently and appropriately
  - ☐ Hormones have not significantly decreased breast tissue

Comment on any other symptoms you are aware of such as
- ☐ Chest dysphoria
- ☐ Binding, problems associated with binding
- ☐ Long-standing desire for surgery

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)
- ☐ Address age-related concerns, indicate the maturity of person
- ☐ Indicate if the parents consent to and are supportive of this treatment

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
  - ☐ That the surgery is performed to treat gender dysphoria
  - ☐ Indicate if the surgery will help to alleviate the person’s gender dysphoria
  - ☐ If you have seen surgery help other trans patients under 18, note that
State the qualifications of the provider (bolster your credibility 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 treatment of gender dysphoria
☐ Relevant professional associations
☐ Relevant publications
☐ Relevant trainings given, courses taught
☐ Consider attaching CV if a specialist
☐ Note any specific competence in treating adolescents with gender dysphoria.

If you need any additional information, please do not hesitate to contact me at [phone].

Sincerely,

Signature

Provider’s Name

Licensing information