



Trans Health Project

Working for Transgender Equal Rights

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

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

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