

To: Surgeon

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above-named patient for vaginoplasty.

(insert name) was seen on (insert dates) for consultation in the context of masculinizing transition. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns). She is (insert partner status) and lives (with whom). She is currently (describe job, school, employment status).

Optional – if part of a transgender health clinic

(insert name) has been known to our team at _____ since _____ when they presented seeking gender affirming care _____.

Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting vaginoplasty.

Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)
She has been aware of her male gender identity since (insert age).

She has significant dysphoria related to her genitalia [insert any other reasons given by the patient] She has therefore, after careful consideration, decided to proceed with vaginoplasty.

Criteria 3: Social Transition: minimum of one year

She has been living socially in a male gender role since (insert date) including male pronouns and using a name mostly associated with males. She has been pleased/not pleased with her social namely (insert areas).

Criteria 4: Hormone Therapy: minimum of one year

She was assessed by (insert name of assessor) and given that she met WPATH criteria for hormone therapy was started on testosterone by (insert name of endocrinologist/primary care practitioner on (insert date). She has been pleased/not pleased with the effects of testosterone therapy namely (insert changes).

Criterion 5: If medical and mental health conditions are present, they must be well-controlled.

Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

Her current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts).(if smoking insert - she is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Substance use: (insert type, past and current status and amounts) (If smoking insert - she is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Alcohol use: (insert type, past and current status and amounts)

Surgical History

Past surgical history includes (insert past surgical history)

Medications:

(list names and dosing)

Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change.)

Psychosocial History

(insert psychosocial history)

Her current sexual history includes (describe sexual activity (with partner, self-stimulation, none) and indicates that she is able to orgasm (yes/no) as a result of sexual stimulation.

Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change).

Criterion 6: Capacity to consent for treatment

(Insert name) identifies her social supports as (insert names of people and relationship to person). She indicates that (insert person) will be available to assist in the post-operative period. She has stable housing (describe living situation).

She is currently working as (insert job) studying at (insert institution) on disability [etc]. She is able to take time from work/school and will have the financial ability manage in the post-operative period.

_____ and I met on _____ for a thorough discussion of her desire for genital surgery. She has significant dysphoria related to her genitals which has been present since _____. The main goals for her are to have receptive vaginal sex and feel greater comfort with her body especially in intimate situations. [revise with patient's own reasons for wanting surgery (also cavity vs. no cavity), as well as anticipation of intercourse with penis v. sex toy/dildo, or both,] She has therefore, after careful consideration, decided to proceed with permanent feminization of her genitals including vaginoplasty, penectomy and orchiectomy. [Alter as needed for different surgical plans] I am confident that _____ understands what to expect including the need to travel to Montreal for these procedures and the fact that the procedures result in sterility.

_____ and I have had a full discussion of the potential risks including risk related to general anesthetic (including death), excessive blood loss and need for

transfusion, blood clots, damage to surrounding structures, hematomas, seromas, infection or abscess, wound dehiscence, nerve damage and loss of sensation, decreased sexual satisfaction, inability to orgasm, urinary complications such as fistula, stricture, stenosis, excessive scarring, dissatisfaction with appearance and or function of the genitals, need for revisions, and post-op regret.

_____ understands the typical post-operative course including pain, bruising, bleeding, swelling, numbness and or shooting/burning pains, urinary catheter and constipation. She understands the importance of adhering to the required aftercare routine of dilation, douching and sitz baths. She understands the need to reduce activities & take time off from work to allow for proper healing. She understands she will need extensive support in the post-op period and her plan is _____. (Arrangements have been made to stay at (insert facility) during her immediate post-operative recovery, and/or arrangements for home health care have been made, and/or (insert person) will be staying with her after surgery and participating in her aftercare).

She also understands the importance of close medical follow-up & nursing care, as well as the possibility of returning to her surgeon's office for post-operative care.

[Insert any mental status exam comments here] I found her to have a clear understanding of the information discussed, and realistic expectations of the outcome. She is fully competent to consent to the procedure.

Summary

In summary, (add name) _meets the six criteria for genital surgery: she has persistent well-documented gender dysphoria, she has full capacity to consent to the treatment, she is above the age of the majority, medical and mental health conditions are well-controlled, she has been on hormone therapy for _____ years and living full-time as a man [or: in a way consistent with her gender identity] since _____.

She meets all WPATH criteria for surgical intervention and has a solid aftercare plan in place. I therefore recommend her for the procedure.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxxx

Sincerely,

To: Surgeon

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above named patient for gender affirming chest surgery including bilateral mastectomy and male chest contouring.

(insert name) was seen on (insert dates) for consideration of male chest contouring in the context of female to male gender transition. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns). He is (insert partner status) and lives (with whom). He is currently (describe job, school, employment status)

Optional – if part of a transgender health clinic

(insert name) has been known to our team at _____ since _____ when they presented seeking gender affirming care. _____

Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting top surgery, namely bilateral mastectomy and chest contouring.

Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)
He has been aware of his male gender identity since (insert age).

He has significant dysphoria related to his chest and [insert any other reasons given by the patient] He has therefore, after careful consideration, decided to proceed with chest reconstruction to have a permanently flat, masculine appearing chest.

Optional – Social Transition: not a criteria for chest surgery

He has been living socially in a male gender role since (insert date) including male pronouns and using a name mostly associated with males. He has been pleased/not pleased with his social namely (insert areas).

Optional – Hormone Therapy: not a criteria for chest surgery

He was assessed by (insert name of assessor) and given that he met WPATH criteria for hormone therapy was started on testosterone by (insert name of endocrinologist/primary care practitioner on (insert date). He has been pleased/not pleased with the effects of testosterone therapy namely (insert changes).

Criterion 3: If medical and mental health conditions are present, they must be reasonably well-controlled.

Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

His current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts).(if smoking insert - he is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Substance use: (insert type, past and current status and amounts) (If smoking insert - he is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Alcohol use: (insert type, past and current status and amounts)

Surgical History

Past surgical history includes (insert past surgical history)

Medications:

(list names and dosing)

Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change.)

Psychosocial History

(insert psychosocial history)

Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change).

Criterion 4: Capacity to consent for treatment

(Insert name) identifies his social supports as (insert names of people and relationship to person). He indicates that (insert person) will be available to assist in the post-operative period. He has stable housing (describe living situation)

He is currently working as (insert job) studying at (insert institution) on disability [etc]. He is able to take time from work/school and will have the financial ability manage in the post-operative period.

(insert name) and I met on (insert date) for a thorough discussion of his desire for chest surgery.. Risks discussed include general anesthetic risk, death, bleeding & possible need for transfusion, damage to surrounding structures, blood clots, hematomas, seromas, problems with wound dehiscence, nipple graft failure, scarring, loss of sensation, dissatisfaction with the appearance of his chest, need for revision and potential for regret. (insert name) understands the typical post-operative course including pain and swelling, drains, compression vest and the need for reduced activities and close medical follow-up. he is aware of possible financial costs after surgery (ie bandages, topical ointments, etc...)

He understands he will need extensive support in the post-op period and his plan is (insert details of plan).

[Insert any mental status exam comments here] I found him to have a clear understanding of the information discussed, and realistic expectations of the outcome. He has the capacity to consent for this procedure.

Summary

In summary, (add name) meets the four criteria for chest surgery: he has persistent well-documented gender dysphoria, he has full capacity to consent to the treatment, he is above the age of the majority and medical and mental health are reasonable well-controlled.

(add name) is an appropriate candidate for bilateral mastectomy and male chest contouring in the context of gender transition. He meets all WPATH criteria for surgical intervention and has a solid aftercare plan in place. I therefore recommend him for the procedure.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxx

Sincerely,

To: Surgeon

Fax:

Dear Dr. X,

My name is (insert name) and I am a (insert profession). I am registered as a (insert designation and, if applicable, registration number) in the (name of province/state/country). I have been seeing the transgender population for (insert years) and have been providing assessments for (insert years).

Please accept this letter and the attached application as my recommendation for the above-named patient for phalloplasty.

(insert name) was seen on (insert dates) for consultation in the context of masculinizing transition. (insert name) is a (insert age) year old individual who identifies as (insert gender identity) and use the pronouns (insert pronouns). He is (insert partner status) and lives (with whom). He is currently (describe job, school, employment status).

Optional – if part of a transgender health clinic

(insert name) has been known to our team at _____ since _____ when they presented seeking gender affirming care_____.

Criterion 1: Age of Majority in a Given Country

Given that (insert name) is (insert age) years of age and thus is recognized as the age of majority, this letter will discuss the WPATH Criteria recommended for adults requesting phalloplasty.

Criterion 2: Persistent Well-Documented Gender Dysphoria

(Document history of gender identity including the following statement)
He has been aware of his male gender identity since (insert age).

He has significant dysphoria related to his genitalia [insert any other reasons given by the patient] He has therefore, after careful consideration, decided to proceed with phalloplasty.

Criteria 3: Social Transition: minimum of one year

He has been living socially in a male gender role since (insert date) including male pronouns and using a name mostly associated with males. He has been pleased/not pleased with his social namely (insert areas).

Criteria 4: Hormone Therapy: minimum of one year

He was assessed by (insert name of assessor) and given that he met WPATH criteria for hormone therapy was started on testosterone by (insert name of endocrinologist/primary care practitioner on (insert date). He has been pleased/not pleased with the effects of testosterone therapy namely (insert changes).

Criterion 5: If medical and mental health conditions are present, they must be well-controlled.

Medical History

Past medical history/medical conditions include (insert PMH and medical conditions).

His current height is (insert height) and weight is (insert weight) and BMI is (insert BMI).

Nicotine use: (insert past and current status and amounts). (if smoking insert - he is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Substance use: (insert type, past and current status and amounts) (If smoking insert - he is aware of the need to stop smoking in 6 weeks in advance of surgery and the risks of smoking in the peri-operative period]

Alcohol use: (insert type, past and current status and amounts)

Surgical History

Past surgical history includes (insert past surgical history)

Medications:

(list names and dosing)

Allergies:

(if yes - insert name and effect)

(if no – insert No Known Drug Allergies)

In summary, medical conditions are (reasonably/not reasonably) well controlled. (If not reasonably well controlled, please list reasons and recommendations for change.)

Psychosocial History

(insert psychosocial history)

His current sexual history includes (describe sexual activity (with partner, self-stimulation, none) and indicates that he is able to orgasm (yes/no) as a result of sexual stimulation.

Mental Health History

Mental health history includes (insert Past and current diagnoses and treatment).

In summary, mental health conditions are (not) well controlled. (If not well controlled, please list reasons and recommendations for change).

Criterion 6: Capacity to consent for treatment

(Insert name) identifies his social supports as (insert names of people and relationship to person). He indicates that (insert person) will be available to assist in the post-operative period. He has stable housing (describe living situation).

He is currently working as (insert job) studying at (insert institution) on disability [etc]. He is able to take time from work/school and will have the financial ability manage in the post-operative period.

_____ and I met on _____ for a thorough discussion of his desire for genital surgery. He has significant dysphoria related to his genitals which has been present since _____. The main goals for him are to be able to urinate in a standing position, have penetrative sex and feel greater comfort with his body especially in intimate situations. [revise with patient's own reasons for wanting surgery] He has therefore, after careful consideration, decided to proceed with permanent masculinization of his genitals including phalloplasty, vaginectomy, scrotal implants and insertion of penile prosthesis. [Alter as needed for different surgical plans] I am confident that _____ understands what to expect including the need to travel to (insert surgeon) several times and the fact that the procedures result in sterility.

We discussed the potential risks including risk related to general anesthetic (including death), excessive blood loss and need for transfusion, blood clots, damage to surrounding structures, hematomas, seromas, infection or abscess,

risks to donor site such as nerve damage, swelling and pain in the arm, penile graft failure, problems with wound dehiscence, nerve damage and loss of sensation, decreased sexual satisfaction, inability to orgasm, urinary complications such as fistula, stricture, stenosis, excessive scarring, dissatisfaction with appearance and or function of the genitals, need for revisions, and post-op regret.

_____ understands the typical post-operative course including pain, bruising, bleeding, swelling, numbness and or shooting/burning pains, urinary catheter care, incisional/graft and donor site care, and constipation. He understands the need to reduce activities & take time off from work to allow for proper healing. He understands he will need extensive support in the post-op period and his plan is (Arrangements have been made to stay at (insert facility) during his immediate post-operative recovery, and/or arrangements for home health care have been made, and/or (insert person) will be staying with him after surgery and participating in his aftercare. He also understands the importance of close medical follow-up & nursing care.

[Insert any mental status exam comments here] I found him to have a clear understanding of the information discussed, and realistic expectations of the outcome. He is fully competent to consent to the procedure.

Summary

In summary, (add name) _meets the six criteria for genital surgery: he has persistent well-documented gender dysphoria, he has full capacity to consent to the treatment, he is above the age of the majority, medical and mental health conditions are well-controlled, he has been on hormone therapy for _____ years and living full-time as a man [or: in a way consistent with his gender identity] since _____.

He meets all WPATH criteria for surgical intervention and has a solid aftercare plan in place. I therefore recommend him for the procedure.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and would welcome a phone call to establish this at xxxxxxx

Sincerely,