

PSYCHOLOGIST RECOMMENDATION FOR HRT
(Example Letter)

Take this to your psychologist as an example of what you need him or her to write for you. This letter is written for MTF, but can be modified for FTM.

To Whom It May Concern:

This letter is to serve as documentation that my client, _____ has completed _____ sessions of psychotherapy at _____ in _____, _____ in fulfillment of the requirements for hormone therapy. Having engaged in psychotherapy from _____ to _____ 200__, _____ is eager to initiate hormone replacement therapy in order to begin gender reassignment.

Client Profile

_____ is a _____-year old who is biologically male. He is currently (pertinent information about job or college/schooling). _____ referred himself to treatment in _____ of this year to begin psychotherapy as part of the requirements for gender reassignment.

Relevant History

The client was born in _____, _____ and is _____ child. He described his childhood as (pertinent background information to the present relevant to the transition)

With regard to gender history, _____ reported that (pertinent background information that pertains to childhood issues such as being male)

(pertinent background information about family, such as acceptance of the transition or otherwise)

(pertinent background information about 'coming out' as transsexual)

Eligibility Criteria

Over the course of the treatment, _____ has demonstrated more than adequate knowledge of the benefits and potential risks of the hormone replacement therapy, including the heightened risk of cancer. He is also aware that heredity may limit his tissue response to hormones and that the maximum physical effects of the hormone may take up to two years to become evident.

_____ has been living as a woman since _____. He began introducing himself as _____, has informed (name of job or school) of his intended gender transition and reassignment, and uses the women's restroom exclusively at both work and school. With the exception of legal documentation, the client refers to himself as _____.

(The following is subjective information as it pertains to the person for which this letter was written for) The client has also informed his family of this decision and experienced significant parental objections resulting in the withdrawal of all financial support. As a result, the client has had to move off-campus to a cheaper living situation and is also working part-time in order to meet his tuition and living expenses. He continues to maintain an A-average in all his classes.

Readiness Criteria

Over the course of treatment, _____ acknowledged that his decision to live as a woman has resulted in a significant reduction of personal distress surrounding gender identity. With the exception of his voice which occasionally results in awkward social situations, the client is able to successfully "pass" as a woman. He hopes that vocal feminization surgery will sufficiently feminize his voice. He has had ___yrs. of electrolysis for the removal of facial hair.

Diagnostically, _____ meets criteria for Gender Identity Disorder. There is an absence of problems related to mood, anxiety or substance abuse. The client does not evidence any symptoms of psychosis or disturbances in personality. It is recommended that the client continue with the psychotherapy as he begins his gender transition in order to address any issues that may surface. Given that the client's insight and judgment are within normal range, it seems likely that any prescribed medication will be taken in a responsible manner.

Summary

_____ is a ____-year old biologic male with a diagnosis of Gender Identity Disorder. _____ engaged in psychotherapy from ____ to _____ 200_ (____ sessions) to fulfill the requirements for hormone therapy. He hopes to eventually undergo gender reassignment and fully transition from male to female.

The client has met all the eligibility and readiness criteria outlined in the official Standards of Care for the treatment of transgendered individuals. There is no evidence of psychopathology or impaired judgment. Given the preceding report, I certify _____ to be a fit candidate for hormone replacement therapy. Please feel free to contact me at (***-**-****) if there are any further questions regarding this client.

Signed...