

Sample Letter For Hormone Therapy:

To Whom It May Concern:

This letter is to serve as documentation that my client, _____* has completed ___ sessions of psychotherapy at _____ in _____, _____ to explore their gender prior to beginning hormone therapy. Having engaged in psychotherapy from ___ to _____ 200_, _____ is eager to initiate hormone therapy in order to begin gender reassignment.

_____ is ___-years old and s/he/they (or preferred pronoun) is currently (pertinent information about job or college/schooling). _____ has been strongly and persistently aware of the desire to be fe/male/gender non-conforming/gender queer (or gender identity) creating a severe mind/body conflict. _____ referred her/himself/themselves (or preferred pronoun) to explore and resolve this conflict. This letter verifies that s/he/they (or preferred pronoun) is psychologically ready to proceed with hormonal therapy, as per the following clinical evaluation.

S/he/they (or preferred pronoun) described her/his/their (or preferred pronoun) 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 female)

(Pertinent background information about family, such as acceptance of the transition or otherwise). (Pertinent background information about 'coming out' as transsexual)

Over the course of the treatment, _____ has demonstrated more than adequate knowledge of the benefits and potential risks of hormone therapy. S/he/they (or preferred pronoun) is also aware that heredity may limit her/his/their (or preferred pronoun) tissue response to hormones and that the maximum physical effects of the hormones may take several years to become evident. Additionally, _____ is educated about the procedures, requirements, and is capable of making informed decisions regarding ongoing gender reassignment treatment.

Over the course of treatment, _____ acknowledged that her/his/their (or preferred pronoun) decision to transition has resulted in a significant reduction of personal distress surrounding gender identity. Diagnostically, _____ meets criteria for *Gender Dysphoria*. 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 s/he/they (or preferred pronoun) begin her/his/their (or preferred pronoun) 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.

The client has met all the eligibility and readiness criteria outlined in the official World Professional Association for Transgender Health *Standards of Care* for the treatment of individuals diagnosed with Gender Dysphoria. Given the preceding report, I certify _____ to be a fit candidate for hormone therapy. Please feel free to contact me at (***) if there are any further questions regarding this client.

Signed,

[Therapist name], [qualifications]

*Note: Name to be used throughout the letter should be the client's legal name.