

Dear Mang Chen, MD:

My name is Dr. _____, a psychiatrist at the _____ Health Center/Clinic. I am a full standing member of the World Professional Association for Transgender Health (WPATH) and am experienced with gender dysphoria.

PATIENT has been a client of mine since YEAR. PATIENT has longstanding and well-documented gender dysphoria. He notes he first knew his assigned sex differed from his gender identity at age _____. PATIENT wore only male clothes full-time at age _____. He has been living consistently as a man and on hormones since _____. PATIENT had male chest reconstructive surgery on _____ and completed his hysterectomy on _____. To further his transition, he has changed his legal name and gender on the appropriate documents including his birth certificate.

I originally met with PATIENT for an independent mental health evaluation on DATE. This letter is an updated assessment conducted on DATE. It is my clinical opinion that he fits the criteria for gender dysphoria of adulthood (ICD-10 F64.1). Although hormone therapy has helped PATIENT feel more aligned in his identity, his symptoms of gender dysphoria have persisted. He relates much of his gender dysphoria to his genitalia. PATIENT has expressed a persistent desire for metoidioplasty/phalloplasty since establishing care with me. His friends and family are supportive of his decision to move forward with his transition. He has stable housing and employment, and has a plan for post-operative recovery. I believe PATIENT would benefit greatly both medically and psychologically from metoidioplasty/phalloplasty.

Additionally, PATIENT is psychologically stable for surgery. There is no evidence of any symptoms consistent with psychosis or disturbances in personality. He does not smoke cigarettes or drink alcohol, and he has no history of drug abuse.

PATIENT has met the WPATH standards of care criteria for surgery. I have discussed risks, benefits, limitations and alternatives of surgery with him, and I feel he has an excellent understanding. I have assessed PATIENT's readiness for surgery and have decided to fully support his decision to move forward.

I hereby recommend and refer PATIENT for metoidioplasty/phalloplasty. Please feel free to contact me with any questions or concerns at _____.