

SAMPLE CLEARANCE LETTER FOR HRT

Date

Re: DOB:

Dear Dr. :

This letter is to serve as documentation that (name) has been assessed for readiness for hormone replacement therapy (HRT) as per the WPATH Standards of Care, Version 7. (Client name) has been a client of (your organization) from (date) to (date). She has been taking hormone blockers for the past [timeframe] (or delete this phrase) and is eager to begin HRT [estrogen/testosterone] as the next step in their medical transition.

[Name] is a [age] year old [gender], who was assigned [male/female] at birth. He notes he first knew his assigned sex differed from his gender identity at (age). He has been living consistently and successfully in the gender role that is congruent with his identity since at least (date). I met with Mr for an independent mental health evaluation on (date). It is my clinical opinion that he fits the criteria for Gender Dysphoria (of Adulthood/Adolescence) (ICD-9-302.85). He reports symptoms of anxiety, which he feels are exacerbated by the Dysphoria. He relates much of his Gender Dysphoria to the (presence/absence of male/female secondary sex characteristics; provide example). Mr has expressed a persistent desire for hormone therapy since (date/establishing care with us). (Name) has demonstrated adequate knowledge of the benefits and potential risks of HRT, including the length of time it will take for the full benefits to take effect, heightened risk of cancer and risks associated with reproductive and sexual health. His friends and family are supportive of his decision to move forward with his transition. He is stably housed in (city).

Additionally, Ms is psychologically stable for hormone therapy. There is no evidence of any symptoms of psychosis or disturbances in personality. He does not smoke cigarettes or drink alcohol, and she has no history of drug abuse. I believe (name) would benefit greatly both medically and psychologically from hormone therapy. It is recommended that (name) continue in therapy as they begin hormone therapy in order to address any issues that may surface (or delete this line).

Mr has met the WPATH SOCV7 criteria for hormone therapy. I have discussed risks, benefits, limitations and alternatives of HRT with him. I feel he has an excellent understanding, given her persistent desire for a hormone therapy. I have assessed his readiness, and have decided to fully support his decision to move forward. Given that his insight and judgment are sound, it seems likely that any prescribed medication will be taken in a responsible manner. I hereby recommend and refer Ms for hormone therapy. Please feel free to contact me with any questions or concerns at (phone #).

Sincerely,

(Your name and credentials)

LCS

NPI