DATE:

To Whom It May Concern or [SURGEONS NAME]:

I am writing this in support of [CHOSEN NAME, PRONOUNS (LEGAL FIRST LAST NAME/ DOB **XX/XX/XXXX** These chosen name and pronouns will be used through the remainder of this documentation. This letter contains my strong endorsement for [CHOSEN NAME] decision to undergo gender affirming chest reconstruction surgery.

My name is [INSERT OWN NAME] and I am a [LICENSED MENTAL HEALTH PROVIDER] in the state of Washington [LICSW/LMHC/LASW/LMFT/PSYCHIATRIST/PSYCHOLOGIST/PSYCHIATRIC ARNP/PMHNP-BS ] and have been seeing [CHOSEN NAME] for [FREQUENCY OF VISITS] since [MONTH YEAR] after [CHOSEN NAME] and [PRONOUNS] caregivers sought my services to help [CHOSEN NAME] further understand Gender Dysphoria. I have experience and knowledge of gender-diverse identities and expressions which includes assessing and treating gender dysphoria in adolescents.

During a comprehensive psychosocial assessment, I learned that [CHOSEN NAME] has had consistent and persistent gender dysphoria since [AGE], however [CHOSEN NAME] did not yet have the language to understand identity. [CHOSEN NAME] first reports learning about gender identities at the age of [AGE]. [CHOSEN NAME] came out to [PRONOUNS] caregivers at [AGE]. [PRONOUNS] made a social gender transition [AGE OR LIFE EVENT]. [PRONOUNS] symptoms do meet DSM-5 criteria for a Gender Dysphoria diagnosis, and [PRONOUNS] has been living in [AFFIRMED GENDER IDENTITY] for [X] [MONTHS/YEARS].

[CHOSEN NAME] has been evaluated for coexisting mental health diagnoses and **{*choose which applies*}** Does not present with any mental health conditions outside of Gender Dysphoria. **OR** Presents with [COEXISTING MENTAL HEALTH DIAGNOSES] which is/are adequately managed.} [CHOSEN NAME] is emotionally stable and is intellectually able to make an informed decision to undergo [SURGERY TYPE]. Although [PRONOUNS] is not yet 18 years old, I strongly recommend [SURGERY TYPE] to alleviate [CHOSEN NAME]’s Gender Dysphoria.

*Optional if appropriate: [CHOSEN NAME] has not been living out in gender role that is congruent with gender identity due to personal safety concerns . These safety concerns are regarding [BRIEFLY LIST REASONS].*

*Optional if appropriate*: {Since [CHOSEN NAME] has chosen not to pursue hormone therapy currently, [SURGERY TYPE] is even more important to increasing [PRONOUNS] safety and ability to pass as [PRONOUNS] affirmed gender.}

Studies conducted throughout the world conclude that surgery is an extremely effective treatment for Gender Dysphoria. According the WPATH Standards of Care Version 8.0, “From a human rights perspective….it is an adolescent’s right to participate in their own decision-making process about their health and lives, including access to gender health services”. The WPATH endorses gender affirming chest reconstruction surgery for patients under 18 years of age if they are suffering from Gender Dysphoria, as chest dysphoria is “associated with higher rater of anxiety, depression and distress which can lead to functional limitations” WPATH endorses this surgery when patients have full caregiver consent to undergo treatment. [CHOSEN NAME]’s parents/guardians enthusiastically support this surgery because they know it will greatly alleviate their [PRONOUNS] suffering. [CHOSE NAME] is an excellent and appropriate candidate in all respects for this life-saving gender affirming surgical intervention. [PRONOUNS] can provide informed consent for this surgery.

I am available for consultation and coordination of care and welcome phone calls to establish this upon a release of information from my client.

**ASSOCIATE LEVEL MENTAL HEALTH PROVIDERS MAY AUTHOR LETTER AND INCLUDE SIGNATURE AND ADDENDUMN FROM SUPERVISOR EMBEDDED IN THE ASSOCIATE LEVEL PROVIDER’S LETTER SIGNATURES SHOULD BE ON THE SAME PAGE**

Sincerely,

[WET SIGNATURE]

PROVIDER NAME, CREDENTIALS

PROVIDER CONTACT INFO

**SUPERVISOR ADDENDUM**

I am the supervisor of [CHOSEN NAME]’s therapist [ASSOCIATE LEVEL THERAPIST NAME]. I agree with the assessment and diagnosis of gender dysphoria.

Sincerely,

[WET SIGNATURE]

SUPERVISOR NAME

CONTACT INFO