Joe Therapist, LCSW  
123 Anywhere St.  
New York, NY 10010  
(212) 555-5555

[Date]

Sylvia Surgeon, MD  
321 Nowhere St.  
New York, NY 10010  
(212) 555-5555

Dear Dr. Surgeon (or “To Whom it May Concern” if the client is getting multiple consults and needs a generic letter):

I’m writing this letter in support of Jane Smith’s (legal name John Smith, DOB [date]) decision to receive [type of surgery]. I am a [your license type] in the state of [state]. I have been seeing Jane for individual psychotherapy since [date]. *Or: I saw Jane for a single-session surgery readiness assessment on [date]*. It is my opinion that she meets the DSM-5 criteria for Gender Dysphoria 302.85 (ICD-11 Gender Incongruence HA60) and that gender-affirming [surgery type] is medically necessary according to WPATH guidelines.

Jane reports a history of gender incongruence… [details of gender history here—two or three sentences is usually fine]. Jane is currently seeking [type of surgery] due to strong feelings of distress and discomfort around her [body part/feature—you can add a few lines about the details of the distress or the activities this distress limits]. [Surgery type] would greatly alleviate Jane’s [dysphoria/incongruence] around [body part/feature] and provide her with a far greater sense of comfort with her body.

Jane is psychiatrically stable and not currently experiencing symptoms that affect her ability to make decisions or perceive reality. Her psychiatric history includes [psychiatric history here along with details about the patient’s progress in treatment, current functioning, and treatment compliance].

Jane reports that [friend, parents, nurse, whoever] will provide transportation to and from sugery and aftercare. She reports that her housing and finances are stable and that she can take time off [work, school] during her recovery period. She receives regular primary care from [primary care provider].

Please reach out to me at [your email/phone] if you have any questions.

Sincerely,

*Joe Therapist*

Joe Therapist, LCSW (State/license #)