

Required Letter Information

Please Print

Your Name: _____ Date: _____

Your Phone Number: _____ Your email: _____

Where you would like me to send the letter:

Individuals Name: _____

Name of Organization: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Phone Number: _____

Fax Number: _____ Email: _____

Office Contact (if applicable): _____

Purpose of Letter: _____

Information that you specifically want included:

Date you would like this person to receive the letter: _____

Any other information you would like me to know regarding this letter:

You can bring this to me or fax to 713-862-9121. Thank you.

Letters for SRS: MtoF
(Additional Information)

Psychotherapy:

Therapist with whom you've done your transitioning work.

When: _____

Where: _____

With Who: _____

If you've had more than one therapist.

When: _____

Where: _____

With Whom: _____

Laser Hair Removal:

When: _____

Where: _____

With Whom: _____

Electrolysis:

When: _____

Where: _____

With Whom: _____

Name and Gender change:

Date the change was granted: _____

Where: (give state) _____ (County) _____

Attorney: _____

Hormones:

When did you begin hormones? _____

How long have you been on hormones? _____

M.D who presently prescribes for you: _____

Is this doctor an endocrinologist, general practitioner, internal medicine physician
Gynecologist or other? (Please state) _____

Facial Feminization: (if applicable)

When: _____

Procedures you have had: _____

Surgeon's name: _____

Address: _____

If more than one facial surgery:

When: _____

Procedures you have had: _____

Surgeon's name: _____

Address: _____

Voice Coaching (if applicable)

When: _____

Name of Voice Coach: _____

Address: _____

Do you presently have any significant medical conditions? _____

Are you taking any medication on a regular basis? _____

I have been living full-time since: _____

I have transitioned on my job: yes _____ no _____

Place of employment where you transitioned: _____

Where will you be working after your surgery? : old job _____ new job _____

Where will you be working? _____

Job title: _____

After surgery, I will be working: full-time _____ part-time _____ n/a _____

After surgery, I will be a student: full time _____ part-time _____ n/a _____

I can financially support myself: yes_____ no: _____

Date of divorce: (if applicable) _____

My immediate biological family is supportive of my surgery.

Yes: _____ No: _____

I have a good network of friends who give me emotional support and accept me and the changes I have made. Yes_____ No _____

I am active in the transgender community. Yes _____ No _____

Who will be writing the second letter you need for your surgery?

Name: _____

Address: _____

Relationship to you: _____

Any other significant information that you would like me to know or include in your letter supporting you for SRS?

You may bring this to me, email to deniseod@aol.com, or fax to 713-862-4585

Thank you.