

Letter for Chest Masculinization Surgery and Consent

Date: _____

Chosen Name: _____

Legal Name: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License _____

Date of Birth: _____ SS # - _____

Name of the surgeon you have chosen to do surgery: _____

Address of surgeon: _____

Surgeon's office phone number: _____

Surgeon's email: _____

Doctors contact Person: _____

Date of your scheduled surgery: _____

Date you would like this letter to go to your surgeon: _____

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

Psychotherapy:

Therapists with whom you've done your transitioning work.

When: _____

Where: _____

With Who: _____

If you've had more than one therapist.

When: _____

Where: _____

With Whom: _____

Name and Gender change: (if applicable)

Date the change was granted: _____

Where: (give state) _____ (County) _____

Testosterone: (if applicable)

When did you begin testosterone? _____

How long have you been on testosterone? _____

Dosage: _____

M.D who presently prescribes for you: _____

Is the doctor who prescribes your testosterone an endocrinologist, general practitioner, internal medicine physician, gynecologist or other? _____

Do you presently have any significant medical conditions?

Are you taking any medication on a regular basis?
(please list with how often you take them and the amounts)

I have been living full-time since: _____

Where do you work presently? _____

Do you cross-dress at work? _____

How long have you been there? _____

What is your job title? _____

Will you maintain your present job after you have surgery? yes _____ no _____

If not, where will you be working after your surgery? : _____

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 _____

If retired, how long have you been retired: _____

I can financially support myself: yes _____ no: _____

Present Marital Status: _____

Names and ages of children: (if applicable) _____

Do your children know of your plans to have this surgery? Please give names and ages in the yes or no category.

Yes- _____

No- _____

Who in your biological family is supportive of your surgery?

Who in your biological family is not supportive of your surgery?

I have a good network of friends who give me emotional support, accept me and support my surgery / transition. Yes _____ No _____

This network of friends consists of approximately _____ people.

The following people / person will be accompanying me to surgery and will be included in my post surgery care:

Please list any Civic, Social, Professional Organizations where you are a member or attend regularly.

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

If so, what do you do in the transgender community?

If applicable, who will be writing a second letter / assessment for your surgery?

Name: _____

Title: _____

Address: _____

Relationship to you: _____

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

Why have you chosen to have surgery at this particular time?

In your opinion, what effect would it have on your life, if surgery were not an option.

By signing this document below, I feel that I am psychologically and practically prepared to have chest masculinization surgery with male contouring and in addition, I am requesting a letter by Denise O'Doherty LPC MSN to my surgeon, confirming my informed consent.

Name: _____

Date: _____