Date

Addressee, credentials
Agency/Clinic name
Street Address
City, State, Zip Code

Dear (or To Whom It May Concern):

I am writing to refer [CLIENT NAME] for [pubertal supression/hormone replacement therapy/gender-confirmation surgery]. I have been workign with [CLIENT], providing [individual/couples/group/family] counseling, since [DATE OF FIRST CONTACT]. [CLIENT] scored [results] when administered the [PSYCHOSOCIAL ASSESSMENT TOOL] and a general, semi-structured diagnostic interview indicating that [pronouns] meets criteria for [DSM-5 diagnosis(es)].

Based on these factors, [CLIENT] appears to meet the criteria for [type of GCMI] set forth by the World Professional Association for Transgender Health (WPATH) *Standards of Care for Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (7th ed.) in that [pronouns] have persistent and well documented gender dysphoria, has the capacity to make an informed decision and consent to treatment, is of the age of majority in Virginia, and [EXPLANATION OF WELL CONTROLLED MENTAL HEALTH CONCERNS].

During my work with [CLIENT] prior to making this referral, we reviewed the risks and benefits of [type of GCMI] included in the WPATH Standards of Care as well as those included by [authors’ name(s)] in the peer-reviewed literature. We also reviewed the trans-affirming providers within reasonable distance of [CLIENT’S] residence. With this information in mind, [CLIENT] has elected to pursue [type of GCMI] with your clinic.

In the interest of supporting continuity and synchronicity of care, I am available for coordination and consultation regarding [CLIENT’S] treatment. I can be reached at [CONTACT INFO]. I look forward to working with you on [CLIENT’S] behalf in the future.

Warm regards,

Charles F. Shepard, LPC, NCC