QUESTIONNAIRE FOR GENDER CONFIRMATION LETTER

I am qualified to write letters of support required from a Master’s level mental health provider. Please answer the following questions and return the completed form to me by email. This form is created as a Word document so you can fill it out right here. Once I receive it, I will contact you to make an appointment to review and complete your letter. Thank you! -Kristen

1. your date of birth

2. your name (as it appears on your records)

3. the medical name of the hormone/procedure you're having

4. age when you began to identify as a different gender

5. year you began any sort of counseling about gender

6. what year/age you began living "full time" in your true gender

7. if/when you began HRT or had gender-related procedures

8. do you have any mental health diagnosis? Is it well managed? By what means?

9. do you have a support system? who's in it (friends, family, etc.)

10. the name of your provider and/or insurance

11. the addresses to which you would like the letter sent, and by what means