



Dear Mental Health Provider,

Thank you for your referral for your client with concerns regarding Gender Dysphoria.

If you feel that your client is ready for puberty suppression (has had Gender Dysphoria for at least 6 months and has entered puberty—the earlier in puberty the better, and certainly by age 10 years) or ready for cross hormones (will be 16 years old soon and has been in your care for at least 6 months), please fax a referral.

Please inform your client to be prepared for a full physical exam with me, including genitals and chest exam. They may elect to not have my trainees be present during part or all of the exam. I may recommend blood work or X-rays.

The recommended content (per WPATH guidelines) is as follows:

1. The client's general identifying characteristics
2. Results of the client's psychosocial assessment, including any diagnoses
3. The duration of the referring health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
4. An explanation that the criteria for hormone therapy have been met and a brief description of the clinical rationale for supporting the client's request for hormone therapy
5. A statement about the fact that informed consent has been obtained from the legal guardian (or patient if over 18)
6. A statement that the referring health professional is available for coordination of care and welcomes contact to establish this

Please fax to:

860.837.6765
Attn: Dr. Phulwani

Sincerely,

Priya Phulwani, MD

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