



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 the puberty the better, and certainly by age 10 years), or ready for cross hormones, please fax a referral.

Please inform your client to be prepared for a full physical exam with me, including genital and chest exam. They may elect to not have my trainees be present during part or all of the exam. I may recommend bloodwork or x-rays. Please also inform the client that hormone interventions can affect biological fertility. It helps if they have given some thought to possibly freezing sperm or eggs before starting hormones. If possible please include clarification in your letter regarding any joint custody or DCF custody issues. If there is more than one legal guardian it would be useful to know whether they are both supportive of medical transition options.

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

1. The client's general identifying characteristics and that the client meets the WPATH (or DSM) criteria for the diagnosis of gender dysphoria
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

Attention: Dr. Phulwani

Sincerely,

**Priya Phulwani, MD**

*Pediatric Endocrinologist, Connecticut Children's*

*Medical Director, Gender Program, Connecticut Children's*

*Assistant Clinical Professor of Pediatrics, University of Connecticut School of Medicine*

*Adult Endocrinologist, Hartford Healthcare Medical Group*

*Phone: 860.837.6700*

*Fax: 860.837.6765*

282 Washington Street, Hartford, CT 06106