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QUESTIONNAIRE FOR FTM Top Procedure(s):
(This information is required by your insurance company)

Patient Name: _____ DOB: _____
Insurance Company: _____ Member ID#: _____

1. How long have you successfully lived and worked within the desired gender role full-time without returning to original gender (years, months, etc.)?

2. How long have you been receiving hormone therapy from a qualified medical professional (e.g. testosterone)?

3. How long have you undergone therapy for your transgender transition with a qualified licensed mental health/behavioral health professional with expertise in the field (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D.)?

4. Do you intend to, or are you in the process of acquiring a legal-gender-appropriate name change?

Your health insurance company, as well as Dr. Bartlett, require letters for this type of procedure.

1. Therapist Letter should address the following:

- Documented GID (Gender Identity Disorder)
- How long you've been treated by your therapist for GID
- How long you've lived as the opposite sex without returning to original sex
- Therapist should state whether or not you have the mental capacity to make a fully informed decision for surgery
- If there are any mental or medical concerns they need to be well controlled
**The treatment plan must conform to the World Professional Association for Transgender Health Association (WPATH) standards (WPATH 6th edition)*

2. Treating Clinician for hormone therapy should address the following:

- Documented treatment of hormone therapy and duration
**The treatment plan must conform to the World Professional Association for Transgender Health Association (WPATH) standards (WPATH 6th edition)*

3. Letter from patient (yourself):

This is an opportunity to address how long you've been living as the desired gender roll. The extent of you participation in psychotherapy and that you intend to or are in the process of acquiring legal gender-identity-appropriate name change and your progress with your new identity and your ability to handle work, family and interpersonal issues.

Please note: We will not submit a prior approval request to your health insurance plan until we have all the letters required (see above).