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Gender Affirming Therapy Referral Letter Form

Part One: Background:

Preferred Name(s) and Pronouns of Client(s): _____

Bill to: (Legal name of Responsible Party for payment of account): _____

Primary Therapist Name: _____ and contact # _____

Current Diagnoses: _____

Approximate Month/Year you began presenting as your gender: _____

List of past gender affirming therapies, activities, etc you have begun (i.e. HRT): _____

Medical procedures you wish to be performed: _____

Do you feel knowledgeable about the benefits and risks of the procedure(s)? Please explain briefly: _____

Location where you will be treated: _____

Current emotional and social supports (i.e. friends, 12-step recovery, trans groups, etc): _____

Describe your current living arrangement and how supportive it is: _____

Current occupation(s): _____

I attest that this information is accurate

Client legal signature: _____ Date: _____

Client printed name: _____ Date: _____