



**San Francisco Department of Public Health
Transgender Health Services**

50 Lech Walesa Street
San Francisco, CA 94102
Telephone: (415) 355-7498
FAX: (415) 355-7407

transgenderhealthservices@sfdph.org
www.sfdph.org/transgenderhealthservices

**Transgender Health Services
Surgery Referral Patient Summary Sheet**

Instructions:

- Please fill out this form and fax to (415) 355-7407 to initiate a referral for your patient to transgender surgery.
- Four (4) additional documents are required for your referral to be complete and ready for processing; these are listed at the bottom of this page.
- Once all documents are received, Transgender Health Services will initiate the prior authorizations needed for pre-surgery consultation.
- If the patient needs multiple surgeries, please submit separate forms for each surgical procedure.

Date: _____

Patient's Name: _____
Patient's Legal Name (if different): _____
DOB: _____
Surgery Procedure Requested: _____
Insurance: _____

Primary Care Provider Name: _____
Phone: _____
Fax: _____
Best Care Team Member for THS to contact (if not primary care provider):
Name: _____
Role: _____
Phone: _____

Please also fax the following documents for a complete surgery referral:

- 1) Medical Evaluation Form – to be completed by PCP
- 2) Patient Education Form – to be completed by any care team member
- 3) 2 psychosocial assessments by licensed mental health providers with letters documenting assessment
- 4) Proof of enrollment in Medi-Cal Managed Care or Healthy San Francisco