



**San Francisco Department of Public Health
Gender Health SF**

995 Potrero Avenue Ground Floor – Room 8000N
San Francisco, CA 94110
Telephone: (628) 206-7979
Fax: (628) 206-7999
genderhealthsf@sfdph.org
www.sfdph.org/genderhealthsf

**Gender Health SF
Surgery Referral Patient Summary Sheet**

Instructions:

- Please fill out this form and fax to (628) 206-7999 to initiate a referral for your patient to transgender surgery. Please fax with the following documents, and only once all documents are complete:
 - 1) Medical Evaluation Form – to be completed by PCP
 - 2) Release of Information Form – to be signed by patient
 - 3) Patient Education Form – to be completed by any care team member and signed by patient
 - 4) 2 psychosocial assessments by licensed mental health providers with letters documenting assessment (only 1 needed for chest/breast surgeries)
 - 5) Proof of enrollment in Medi-Cal, Medicare, Healthy San Francisco
- Once all documents are received, Gender Health SF will initiate the prior authorizations with insurance needed for pre-surgery consultation.
- If the patient needs multiple surgeries, please submit separate Summary Sheet for each surgical procedure.

Date Faxed: _____

Patient's Name: _____

Patient's Name on file with insurance (if different): _____

Date of Birth: _____

Surgery Procedure Requested (list only one): _____

Insurance: _____

Primary Care Provider Name: _____

Phone: _____

Fax: _____

Best Care Team Member for Gender Health SF to contact (if not primary care provider):

Name: _____

Role: _____

Phone: _____