



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

Surgery Referral Patient Summary Sheet

Instructions:

- Please fill out this form and fax to (628) 206-7999 or email to GHSFDocuments@sfdph.org 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. Recent office visit note with Medication List and H&P – dated within last 3 months
3. Patient Education Form – to be completed by a care team member and signed by patient, if available.
4. 2 psychosocial assessments by licensed mental health providers with letters documenting assessment (only 1 needed for chest/breast, facial, body contouring surgeries)
5. Proof of enrollment in Medi-Cal, Medicare, Healthy San Francisco (Copy of insurance card, if available)

- Once all documents are received, Gender Health SF will contact Patient for a group orientation and program intake.
- GHSF will then 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: _____