

Medical Report Proforma for Gender Recognition

Gender Recognition Act 2004

To be completed by the applicant's registered medical practitioner or registered psychologist.

Your details - the registered medical practitioner/registered psychologist

1. Your title

2. Full name

3. Practice address

postcode

4. Telephone number

5. GMC/HPC registration no.

6. Are you practising in the field of Gender Dysphoria?

Yes No

About your patient

7. Patient's name

8. How long has the patient been under your care?

9. Has your patient been diagnosed with gender dysphoria or a gender-related disorder?

Yes No

10. Has your patient had surgical treatment for the purpose of modifying their sexual characteristics?

Yes No

11. Please provide details of the gender related diagnosis for which your patient is being or has been treated.

Copies of previous diagnosis reports can be provided if they contain sufficient detail. Details can be provided on a separate document if that document is identified in the space below.

12. You should list the drugs prescribed and the specific surgical procedures that your patient has undergone for purpose of modifying sexual characteristics. If your patient has not undergone surgery for this purpose, one of their reports will need to explain why not.

13. Report made on (date)

D	D	/	M	M	/	Y	Y	Y	Y
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By (signature)

