

Referral (Self or Other) to the Department of Psychiatry Gender Initiative Clinic

DEMOGRAPHICS

Name (legal): _____ Preferred Name: _____

DOB: ____/____/____ Age: ____ Gender (legal): M F Pronoun _____

Address: _____

City: _____ Zip Code: _____ County: _____ State: _____

Preferred Contact Home: _____ Cell: _____ Work: _____

Email Address: _____ UNC Medical Record #: _____

Were you referred to UNC Psychiatry: NO YES (referred by) _____

Medical/Primary Care Provider: NO YES _____

Psychiatric Provider: NO YES _____

Behavioral Health or Psychological Provider: NO YES _____

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| <u>MEDICAL INSURANCE (Primary)</u> | Do you have UNC Charity Care <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Insurance Company Name: _____ | |
| Subscriber ID/Policy Number: _____ | |
| Group Name: _____ Group # _____ | |
| Insurance Claims Mailing Address: _____ | |
| Benefits & Claims Coverage Phone # _____ | |
| Mental Health Coverage Phone # _____ | |
| Subscriber Name: _____ | |
| Subscriber Date of Birth: ____/____/____ | |
| Subscriber Address: _____ | |
| Effective Date of Coverage: ____/____/____ | |
| Relationship to Subscriber: ____ Self ____ Spouse ____ Dependent Child | |

Age Group: ___ 3-6 (Dr. Meyer primary) ___ 7-12 ___ 13-18 ___ 19-25
___ Other Age (>27 may result in a referral)*clinic does not generally accept patients above the age of 30*

Reason for Referral: (Choose As Many As Applicable)

- Information on Gender Transitioning
 - Guidance on Social Transitioning and Access to Resources
 - Evaluation of Gender Dysphoria
 - Exploration of Gender Identity and Gender Expression
 - Evaluation Required for Insurance Purposes/Diagnosis Needed in order to start Hormone Therapy (HRT)
 - Treatment Recommendations for Anxiety, Depression, Trauma, or Gender Associated Social Difficulties
 - Family Support
 - Parents Only
 - Intellectual Disabilities or Complex Case Consultation (Dr. Meyer)
 - Consultation with Gender Experienced Mental Health Provider
 - Education Needs for Local Provider or School
 - Letters for Surgery (18 +)
 - Specifically: Medication Management Consultation (Dr. Lee)
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We provide gender related and gender dysphoria evaluations, emotional and psychoeducational support, anxiety or depression related short term interventions, and guidance to people who come to our clinic from within a gender affirmation care model. Typically we will meet for 1-3 sessions with some consultative follow ups. We can provide information on closer to home supports if requested. We work in an integrative care setting with our fellows in Endocrinology in the UNC Hospital. We also work closely with UNC Family Medicine and Piedmont Health providers. Once this referral is received our liaison personal will be in contact to schedule an appointment with you. We have three primary providers Drs. Meyer, Lee and Pflum. We look forward to your time in the UNC Gender Initiative Clinic.

<https://www.med.unc.edu/psych/patient-care/child-adolescent/outpatient/gender-equality-psychiatry-clinic/>

Please return the completed form to:

**UNC Outpatient Psychiatry Clinic
Attn: New Patient Coordinator
77 Vilcom Center Drive, Suite 300
Chapel Hill, NC 27514**

Fax: 984-974-9646