

INFORMED CONSENT FORMS

The following forms are intended to protect both service users and clinicians by ensuring that proper information has been given to service users, and that this is fully understood, before embarking on treatment. Before signing the consent form, service users should be sure to ask about anything that they have not understood. The forms relevant to hormone treatment may be provided at the first appointment, so that service users have the opportunity to take the forms away and consider any gaps in their knowledge while waiting for basic blood tests to be done. Although hormone treatment will almost always follow, this should not be presumed to be an automatic process since tests may reveal serious contra-indications.

It is acknowledged that some service users will already be self-medicating, in which case, the doctor should bring them into a safely monitored regime as quickly as possible. If the doctor is concerned about the product and dosage being used by the service user, then a “bridging prescription” may be provided for a period of up to three months, while blood tests are done.

All service users will benefit from having the information on these forms.
The consent forms may be read in conjunction with the NHS booklet –

“A Guide to Hormone Therapy for Trans People”
available at <http://www.gires.org.uk/dohpublications.php>

INFORMED CONSENT FORMS for HORMONE TREATMENTS:

Trans woman [MtF] testosterone blocking treatment
Trans woman [MtF] oestrogen treatment
Trans man [FtM] testosterone treatment
Young person [FtM] hormone blocking treatment
Young person [MtF] hormone blocking treatment)

At the time of referring a service user for surgery, some doctors take the precaution of obtaining informed consent for the actual referral. This is to ensure that any misunderstandings on the part of the service user may be picked up at an early stage. The following forms are suggested for that purpose.

(Surgeons themselves will have their own consent forms that should be made available to the service user a few weeks before surgery, rather than at the last minute. This provides a further opportunity for the service user to consider all possible outcomes before embarking on this surgery).

Trans woman [MtF] referral for gender confirmation surgery
Trans man [FtM] referral for gender confirmation surgery



INFORMED CONSENT for TESTOSTERONE BLOCKING TREATMENT

(may be used in conjunction with NHS consent form)

Trans woman

.....
[Print name in full]

[address]

.....

.....

..... [postcode]

I agree that I have had the implications of taking medication to reduce the production of testosterone, or its effects, explained to me in full by (name of clinician). I have had this Form for at least 4 weeks.

Effect of Blocking Hormones

I identify as a **woman** and, if it is deemed necessary, I may be treated with medication to reduce the production of testosterone up to the time of the removal of my testes (orchidectomy). As a result, I expect to experience less frequent, less firm erections; these changes are usually reversible. In the longer term, the size of the genitalia will be reduced. Reproductive capacity will be limited after prolonged treatment; I understand that I may become permanently infertile.

I have been given specific information regarding local, private or NHS facilities suitable for storage of sperm. I understand that if I have not made use of those facilities before treatment is undertaken, I may be unable to do so later through irreversible infertility.

I have had the opportunity to discuss, with my clinician, the effects of the proposed medication and any side effects I may experience, and to clarify any points I did not understand.

Potential Risks and Negative Side Effects

I understand that this medication may cause: deep vein thrombosis; pulmonary embolism; damage to the liver, lethargy, hot flushes and sweating, and possibly depression.

I understand that I will be at increased health risk if any of the following pre-existing factors apply: cigarette smoking; obesity; advanced age; heart disease; hypertension (high blood pressure); clotting abnormalities; malignancy (cancer); endocrine abnormalities; alcohol and/or drug misuse.

- I understand that, I can continue taking this medication up to the time of orchidectomy.
- I agree to take this medication in the dosage prescribed by my clinician and undertake not to take additional doses as this will pose an extra health risk;
- I understand that other medication available on or off prescription may be contra-indicated whilst I am on medication to limit testosterone;
- I agree to my treatment being monitored by my clinician;
- I am over 16 years old;
- I agree / I do not agree (delete as appropriate) to take part in any anonymised surveys

Signed date
[individual undergoing treatment]

I (Clinician) am satisfied that(patient) understands the nature of the proposed treatment and has a full appreciation of the consequences of both the treatment in terms of benefits and possible side-effects and, also, the possible consequences of not undergoing this treatment.

Signed date
(clinician)



INFORMED CONSENT for HORMONE TREATMENT - Oestrogen

(may be used in conjunction with NHS consent form)

Trans woman

.....
[Print name in full]

[address]

.....
..... [postcode]

I agree that I have had the implications of having **oestrogen** therapy (in conjunction with medication to reduce the production of testosterone – delete if not applicable) explained to me in full by (name of clinician). I have had this form for at least 4 weeks. I have had the opportunity to discuss the effects of hormones with my clinician, and to clarify any points I did not understand.

Effects of Oestrogen

I identify as a **woman** and will, therefore, be treated with oestrogen. As a result of taking oestrogen I expect to experience: some breast growth; some redistribution of body fat to approximate to a female pattern; decreased upper body strength; softening of skin; decrease in body hair; a slowing of the loss of scalp hair; decreased fertility and testicular size and less frequent, less firm erections. Some of these changes are reversible, but breast enlargement, which will occur slowly over a period of up to two years, will not completely reverse after treatment is discontinued. Where that is the case, the remaining breast tissue can only be removed surgically.

In the longer term, the size of the genitalia will be reduced. I may become permanently infertile after prolonged treatment. I have been given specific information regarding local, private or NHS facilities suitable for storage of sperm. I understand that if I have not made use of those facilities before treatment is undertaken, I may be unable to do so later through irreversible infertility.

I have had the opportunity to discuss, with my clinician, the effects of the proposed medication and any side effects I may experience, and to clarify any points I did not understand:

Potential Risks and Negative Side Effects

I understand that the most likely side effects are: venous thrombosis; pulmonary embolism; benign pituitary prolactinoma (non-malignant tumour in the brain); weight gain; mood swings; liver disease; gallstones; breast cancer; high blood pressure and diabetes mellitus.

I understand that I will be at increased risk of unwanted side effects if any of the following pre-existing factors apply: cigarette smoking; obesity; alcohol and/or drug misuse and advanced age.

- I understand that, after genital surgery, a lifelong maintenance dose of oestrogen is almost certain to be required to maintain feminisation and protect against osteoporosis;
- I agree to take the hormones in the dosage prescribed by my clinician and undertake not to take additional doses of oestrogen as this will pose an extra health risk;
- I understand that other medication available on or off prescription may be contra-indicated whilst I am on hormone medication;
- I agree to my hormone treatment being monitored by my clinician;
- I am over 16 years old;
- I agree / I do not agree (delete as appropriate) to take part in any anonymised surveys.

Signed date
(individual undergoing hormone treatment)

I (Clinician) am satisfied that(patient) understands the nature of the proposed treatment and has a full appreciation of the consequences of both the treatment in terms of intended and possible side-effects and, also, the consequences of not following this treatment.

Signed date
(Clinician)



INFORMED CONSENT for HORMONE TREATMENT - Testosterone

(may be used in conjunction with NHS consent form)

Trans man

.....
[Print name in full]

[address]

.....

.....

..... [postcode]

I agree that I have had the implications of **testosterone** administration explained to me in full by(name of clinician). I have had this form for at least 4 weeks. I have had the opportunity to discuss the effects of hormones with my clinician, and to clarify any points I did not understand.

Effects of Hormones

I identify as **a man** and therefore will be treated with testosterone. I understand that I can expect the following **permanent changes**: a deepening of the voice; clitoral enlargement; possibly mild breast atrophy; increased facial and body hair and male pattern baldness.

The following changes are reversible: increased upper body strength; weight gain; increased sexual arousability; and decreased hip fat. Cessation of menstruation, which normally accompanies cross-hormone administration, may or may not be reversed if hormones are ceased.

I understand that reproductive capacity will eventually be lost after treatment, although this may take several years. I have been fully informed of the options to enable me to have a genetically related child and having been given specific information regarding local, private or NHS facilities suitable for storage. I understand that if I have not made use of these facilities before treatment is undertaken, I will be unlikely to be able to do so later.

I understand that the changes outlined above will start shortly after treatment is initiated, but that the full physical impact of taking hormones may not be evident until several years of continuous treatment have been undergone.

Potential Risks and Negative Side Effects

I understand that treatment with testosterone may cause the following side effects: acne, mood swings, increased risk of cardiovascular disease heart and polycythaemia; rarely, malignant liver tumours and/or liver dysfunction; in the longer term, skin atrophy in the genital area may be experienced.

I understand that I will be at increased risk of unwanted side effects if any of the following pre-existing factors apply: cigarette smoking; obesity; alcohol and/or drug misuse; advanced age; high blood pressure; clotting abnormalities; cancer; endocrine abnormalities.

- I understand that, in the light of current knowledge and practice, an oophorectomy (removal of ovaries) and hysterectomy (removal of uterus and cervix) is recommended after about five years of testosterone therapy. I understand that if these are not undertaken then regular cervical smears are recommended because of the increased risk of cancer;
- I understand that a lifelong maintenance dose of testosterone is likely to be required, although a reduction in the dosage will be considered for health reasons after removal of the ovaries;
- I understand that if I stop taking testosterone, there is a risk of developing osteoporosis unless oestrogen therapy is undertaken. I understand that oestrogen therapy, itself, can produce unwanted medical and physical side effects;
- I agree to take the hormones in the dosage prescribed by my clinician and undertake not to take additional doses of testosterone as this will pose an extra health risk;
- I agree to my hormone treatment being monitored by my clinician;
- I understand that other medication available on or off prescription may be contra-indicated whilst I am on hormone medication;



- I am over 16 years old;
 - I agree / I do not agree (delete as appropriate) to take part in any anonymised surveys.
 - Signeddate.....
(individual undergoing hormone treatment)
 - I (Clinician) am satisfied that(patient) understands the nature of the proposed treatment and has a full appreciation of the consequences of both the treatment in terms of intended and possible side-effects and, also, the possible consequences of failure to treat.
 - Signeddate.....(Clinician)
-



**INFORMED CONSENT for Gonadotrophin Releasing Hormone Analogue (GnRHa)
reversible treatments only**

(may be used in conjunction with NHS consent forms)

young person: trans boy

..... [Print name, in full, of young person undergoing treatment]

I am years & months old. Date of birth.....[dd/mm/yy]

[address]

.....

..... [postcode]

I agree that I have had the implications of medication to block further physical changes of puberty explained to me in full by(name of Clinician). I have had this form for at least six (6) weeks and have had the opportunity to discuss, with my clinician, the effects of this treatment, (or not having treatment at this stage), and to have points I did not fully understand, explained to me.

I identify as a **boy**. I understand that by taking gonadotrophin releasing hormone analogue (GnRHa), the production of oestrogen by the ovaries will be blocked and, therefore, menstruation (periods) will stop. This treatment will also reduce the progress of other effects of puberty such as breast development. If my growth has not already stopped, it will allow me to grow a little more.

- I understand that the effects of this treatment are reversible when I stop taking the medication.
- I consent to undergoing this treatment. I have not been pressured to make this decision.
- I have been given advice about the effect of treatment on my ability to have a family later. I have had the opportunity to discuss reproductive options such as egg storage which might enable me to do this, in case treatment does affect my fertility. I have also been given details of local and national, private and NHS facilities providing the storage.

Signed date
(individual undergoing hormone treatment)

If the young person undergoing treatment is under 16 years old, the form must be signed by a person exercising Parental Responsibility* for the young person named above.

I,.....(person with Parental Responsibility) agree that I have had the implications of hormone administration to block the effects of puberty, in the young person named above, explained to me in full by (name of Clinician). I have had the opportunity to discuss, with the clinician, the blocking effects of the hormones and to have points I did not fully understand, explained to me.

- I consent to..... (name of young person) undergoing this treatment

Signed date
(person with Parental Responsibility)

To be completed by the Clinician:

I am satisfied that the young person named above (if under 16) is Gillick competent*
I undertake to liaise with the adult specialist services, whether private or NHS Gender Identity Clinic, at the appropriate time, to ensure the smooth transition to these services for the continuing treatment of this young person.

Signed date
(Clinician)

*See over for Parental Responsibility and Gillick Competence➔



Parental Responsibility

A person with Parental Responsibility (PR) will include: the natural mother automatically; the natural father, if married to the mother at the time of child's birth or having subsequently married her, or having a section 4, 1a Order or 4,1b agreement (Children Act CA 1989); anyone with a Residence Order, s8 and s12, CA 89 or a Care Order, s31, s33(3) CA 89; anyone with a Special Guardianship Order, s14A, CA 89, an Adoption Order; or a Placement Order (s22 Adoption and Children Act 2002). Under a Placement Order the Local Authority and prospective adopters share PR, alongside any parents who have PR. The local authority determines the extent to which the PR of parents and prospective adopters is to be restricted (s25 Adoption and Children Act 2002). An Adoption Order will extinguish all PR held by anyone other than the adopters.

In relation to births registered from 1 December 2003, a natural father who is not married to the mother of the child but whose name was entered on the relevant child's birth certificate will automatically have Parental Responsibility. In respect of children born before 1 December 2003, a natural father may now obtain PR by being entered on the relevant child's birth certificate at a later date, with the agreement of the mother.

Step parents and 'civil partners' (Civil Partnership Act, 2004) may acquire PR under s4A (CA 89). Where step-parents and civil partners adopt their partners' children, the partner who is the natural parent retains PR (s46 3b, Adoption and Children Act 2002).

Gillick Competence and Fraser Guidelines

A young person of 16 years old is regarded in law as competent. Under the age of 16, it is a matter for the judgement of medical practitioners, whether the child has Gillick competence, which involves, "not merely an ability to understand the nature of the proposed treatment.....but a full understanding and appreciation of the consequences of both the treatment in terms of intended and possible side-effects and, equally important, the anticipated consequences of failure to treat". 'Gillick' refers to a court case, *Gillick v West Norfolk and Wisbeach Area Health Authority* [1985].

The Fraser guidelines may be applied to young people who seek medical intervention in the early stages of puberty. The following inferences are relevant:

- the young person understands the advice being given: benefits, risks, potential side effects and **the effects of non-treatment**;
- the young person will begin or continue accessing hormones (often from the internet) in an unregulated way; and
- without treatment the young person's physical or mental health (or both) is likely to suffer.

It is **extremely** unlikely that the issue of medical intervention for a young trans person would be undertaken without the consent of someone with parental responsibility. If this were this to be an issue, the Fraser guidelines state that treatment may be given where:

- the young person cannot be convinced to involve parents/carers or allow the medical practitioner to do so on their behalf, and
- the young person's best interests require that treatment be undertaken without parental consent.



**INFORMED CONSENT for Gonadotrophin Releasing Hormone Analogue (GnRHa)
reversible treatments only**
(may be used in conjunction with NHS consent forms)
(young person: Trans girl)

.....
[Print name, in full, of young person undergoing treatment]
I am years & months old. Date of birth.....[dd/mm/yy]

[address]
.....
..... [postcode]

I agree that I have had the implications of hormone administration to block the physical changes of puberty explained to me in full by(name of Clinician). I have had this form for at least six (6) weeks and I have had the opportunity to discuss, with my clinician, the effects of this treatment, (and of not having treatment at this stage), and to have points I did not fully understand, explained to me.

I identify as a **girl**. I understand that by taking gonadotrophin releasing hormone analogue (GnRHa), the secretion of testosterone from the testes will be temporarily arrested. This treatment will block the progression of puberty such as further facial hair growth and a deepening of the voice.

- I understand that the effects of this treatment are reversible when I stop taking the medication;
- I consent to undergoing this treatment. I have not been pressured to make this decision;
- I have been given advice about the effect of treatment on my ability to have a family later. I have had the opportunity to discuss reproductive options such as sperm banking. I have been given details of local and national, private and NHS facilities providing the storage.

Signed date
(individual undergoing hormone treatment)

If the young person undergoing treatment is under 16 years old, the form must be signed by a person exercising Parental Responsibility* for the young person named above.

I,.....(person with Parental Responsibility) agree that I have had the implications of hormone administration to block the progression of puberty explained to me in full by (name of clinician). I have had the opportunity to discuss, with the clinician, the effects of hormones on the young person named above, and to have points I did not fully understand, explained to me.

- I consent to..... (name of young person) undergoing this treatment

Signed date
(person with Parental Responsibility)

To be completed by the Clinician:

I am satisfied that the young person named above is Gillick competent.*

I undertake to liaise with the specialist services, whether private or NHS Gender Identity Clinic, at the appropriate time, to ensure the smooth transition to adult services for the continuing treatment of this young person.

Signed date
(Clinician)

see over for Parental Responsibility and Gillick Competence →



Parental Responsibility

A person with Parental Responsibility (PR) will include: the natural mother automatically; the natural father, if married to the mother at the time of child's birth or having subsequently married her, or having a section 4, 1a Order or 4,1b agreement (Children Act CA 1989); anyone with a Residence Order, s8 and s12, CA 89 or a Care Order, s31, s33(3) CA 89; anyone with a Special Guardianship Order, s14A, CA 89, an Adoption Order; or a Placement Order (s22 Adoption and Children Act 2002). Under a Placement Order the Local Authority and prospective adopters share PR, alongside any parents who have PR. The local authority determines the extent to which the PR of parents and prospective adopters is to be restricted (s25 Adoption and Children Act 2002). An Adoption Order will extinguish all PR held by anyone other than the adopters.

In relation to births registered from 1 December 2003, a natural father who is not married to the mother of the child but whose name was entered on the relevant child's birth certificate will automatically have Parental Responsibility. In respect of children born before 1 December 2003, a natural father may now obtain PR by being entered on the relevant child's birth certificate at a later date, with the agreement of the mother.

Step parents and 'civil partners' (Civil Partnership Act, 2004) may acquire PR under s4A (CA 89). Where step-parents and civil partners adopt their partners' children, the partner who is the natural parent retains PR (s46 3b, Adoption and Children Act 2002).

Gillick Competence and Fraser Guidelines

A young person of 16 years old is regarded in law as competent. Under the age of 16, it is a matter for the judgement of medical practitioners, whether the child has Gillick competence, which involves, "not merely an ability to understand the nature of the proposed treatment.....but a full understanding and appreciation of the consequences of both the treatment in terms of intended and possible side-effects and, equally important, the anticipated consequences of failure to treat". 'Gillick' refers to a court case, *Gillick v West Norfolk and Wisbeach Area Health Authority* [1985].

The Fraser guidelines may be applied to young people who seek medical intervention in the early stages of puberty. The following inferences are relevant:

- the young person understands the advice being given: benefits, risks, potential side effects and **the effects of non-treatment**;
- the young person will begin or continue accessing hormones (often from the internet) in an unregulated way; and
- without treatment the young person's physical or mental health (or both) is likely to suffer.

It is **extremely** unlikely that the issue of medical intervention for a young trans person would be undertaken without the consent of someone with parental responsibility. If this were this to be an issue, the Fraser guidelines state that treatment may be given where:

- the young person cannot be convinced to involve parents/carers or allow the medical practitioner to do so on their behalf, and
- the young person's best interests require that treatment be undertaken without parental consent.



INFORMED CONSENT for REFERRAL for GENDER CONFIRMATION SURGERY

(may be used in conjunction with NHS or other hospital consent forms)

Trans woman

.....
[Print name in full]

[address]

.....

.....

.....

..... [postcode]

I agree that I have had the implications of gender confirmation surgery explained to me by my doctor/ chartered psychologist(name of referring clinician). I have had this form for at least six (6) weeks and I have had the opportunity to discuss the effects of this surgery with my doctor.

I understand that the capacity to reproduce will be lost, irreversibly, unless I have taken steps to store sperm, or I am intending to undergo surgical removal and storage of testes during surgery. I have been given information about these possibilities.

I identify as a **woman** and I understand that my gender confirmation surgery may include orchidectomy, penectomy, labioplasty, vaginoplasty with clitoroplasty, that is, the removal of external genitalia and the creation of a vagina, clitoris and labia minora and majora. The aim of the surgery will be to create a female appearance, a functional vagina and to retain sexual sensation. Practices vary between surgeons and you will need to choose one that suits you, and is known to be safe.

I understand that in this operation:

- A vagina is created by making a space between the rectum and the bladder, and lining this with skin from the penis and scrotum. The erectile tissue from the penis is largely removed as are the testicles; this is completely irreversible;
- The urethra (tube carrying urine away from the body) and its opening are placed in a position to approximate to female anatomy. Labia minora and majora (lips around the opening of the vagina) are fashioned out of penile and scrotal skin;
- An innervated clitoris is fashioned from the glans of the penis.
- I understand that this is serious and extensive surgery and that there may be surgical complications requiring follow-up treatment.

Possible problems associated with surgery:

- I understand that major surgery carries risks of deep vein thrombosis, pulmonary embolism, post operative chest infections etc;
- scar tissue at the entrance to the vagina shrinks, and/or the vagina itself loses depth and width. If this cannot be overcome by dilating, then further minor surgery may be necessary;
- the urethral opening (meatus) may still be pointing upwards or forwards making it difficult to direct the stream downwards when sitting down to urinate. Sometimes there is a certain amount of spraying. These difficulties may also be overcome through additional minor surgical correction;
- some loss of erogenous sensation can occur, although this is rare as surgical techniques are designed to preserve sexual feeling. However, there may be some delay in the return of this sensation, and it may not be as satisfactory as expected or desired. The clitoris may be uncomfortable or even painful, but this discomfort usually settles down eventually;
- a recto-vaginal fistula (a leak between the vagina and the bowel) may occur, although this is relatively rare. It can be corrected through minor surgery;



- I understand that post-surgery I will need to continue oestrogen medication but, possibly at a reduced level;
- I understand that the removal of my male sex organs is, effectively, irreversible; reconstructive surgery cannot fully reinstate my pre-operative condition; I will remain infertile;
- I understand that smoking significantly increases the health risk of any surgery;
- I understand that dilation and douching of the vagina is essential after-care;
- I am over 18 years old;
- I have read this document and I consent to being referred for the surgery as outlined above;
- I agree/ I do not agree (delete as appropriate) to take part in any anonymised follow-up surveys.

Signed date
 (service user)

- In referring this service user for surgery, I am satisfied that understands the nature of the proposed treatment and has a good understanding of the consequences of the treatment in terms of outcomes, risks and possible side-effects

Signed date
 (referring clinician)



INFORMED CONSENT for REFERRAL for GENDER CONFIRMATION SURGERY

(may be used in conjunction with NHS or other hospital consent forms)

Trans man

.....
[Print name in full]

[address]

.....

.....

..... [postcode]

I have had the implications of gender confirmation surgery explained to me in full by my doctor/psychologist(name of referring clinician). I have had this form for at least six (6) weeks and I have had the opportunity to discuss the effects of this surgery with my doctor. I understand that some of the more extensive procedures cannot be undertaken in one operation. I may be required to undergo several surgeries in order to achieve the more complex results.

I identify as a **man** and I understand that my gender confirmation surgery may include:

- chest reconstruction,
- hysterectomy, salpingo-oophorectomy (removal of uterus, fallopian tubes, ovaries),
- vaginectomy
(delete any procedures that do not apply on this occasion).

Further surgical procedures may include:

- **metoidioplasty** (creation of micropenis),
- urethroplasty (lengthened tube carrying urine through the micropenis)
- scrotoplasty
- placement of testicular prosthesis, or

- **phalloplasty** (full sized penis requiring initial removal of skin from donor site: forearm, abdomen or thigh, for instance),
- urethroplasty,
- scrotum,
- testicular prostheses,
- erectile prosthesis (or prostheses)
(delete any that do not apply on this occasion).

The aim of such surgical procedures is to create an acceptable male appearance and to provide sexual sensation. The ability to penetrate during intercourse, and to urinate whilst standing is unlikely to be achieved with the metoidioplasty procedure.

Risks

As with any major surgery, there is a risk of deep vein thrombosis, pulmonary embolism, infections, and bleeding. The appearance may not be as good as you had hoped, and there may be some loss of sexual sensation.

Complications are more likely to arise with the phalloplasty procedures than with the metoidioplasty. Most problems arise with the urethra, which may develop stenosis (narrowing) or fistulae (these are leaks that may occur where tissue is joined to lengthen the urethral tube. Occasionally, some tissue dies away because the blood supply is not adequate. This is a complication that is much more likely to occur if you are a smoker. Some surgeons will not perform these surgeries, especially phalloplasty, on people who smoke.

- I understand that the removal of my female sex organs is irreversible;
- I understand that the capacity to reproduce will be irreversibly lost unless I have taken steps to store eggs or I am intending to undergo surgical removal and storage of ovaries;
- I understand that a lifelong maintenance dose of testosterone is likely to be required, although, a reduction in the dosage will be considered for health reasons after oophorectomy (removal of ovaries);
- I am over 18 years old;



- I consent to being referred for the surgery as outlined above;
- I agree/ I do not agree (delete as appropriate) to take part in any anonymised follow-up surveys.

Signed date
(service user)

I am satisfied that understands the nature of the proposed treatment and has a good understanding of the consequences of the treatment in terms of outcomes, risks and possible side-effects

Signed date
(referring clinician)

