**Area Office Request Form**

**Consent for Puberty Blocking Agents/Gender-Affirming Hormone Therapy**

All requests for puberty blocking agents and gender-affirming hormone therapy will be reviewed by the Office of the Medical Director within 20 working days. Please complete the following form to the best of your ability and submit the form to your Regional Nurse for review. If available, please also include the clinic notes/medical record from the identified provider.

**Date of Request:** Enter Request Date

**Requesting**: Puberty-blockers  Gender-affirming medication

**Youth Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Current Placement**: Click or tap here to enter text.

**Name of Requesting Medical Provider:** Click or tap here to enter text.

**Location of Practice:** Click or tap here to enter text.

**Requesting Medical Provider’s Contact Information:** Click or tap here to enter text.

**Social Worker completing form:** Click or tap here to enter text.

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**Medical Record Requests**

Medical record/ clinic notes has been received:  Yes, received  Requested, not received

Not yet requested. Comments: Click or tap here to enter text.

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**For Gender-affirming Hormone Therapy requests ONLY:**

Communication from mental health provider has been received:

Yes received  Requested, not received  Not yet requested

Comments: Click or tap here to enter text.

Did the youth’s medical provider discuss fertility preservation with the youth?  Yes  No

Comments: Click or tap here to enter text.

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**When parental rights have NOT been terminated, has there been documented verbal communication with the parent(s)/guardian(s)regarding the use of puberty blocking agents or gender-affirming medication:**

Yes, there is documented communication with the parent(s)/guardian(s)

This step is in process

No, communication with parents has not occurred

No, communication with parents has not occurred at youth’s request (for puberty blockers only)

Comments: Click or tap here to enter text.

**When communication has occurred, please document your understanding of the parents’ wishes:** Click or tap here to enter text.

**Briefly describe the youth’s involvement with the Department and any relevant information from their or their family’s Action Plan:** Click or tap here to enter text.

**Have there been or are there currently any safety concerns?** **If so, please fill out below.**

Violence:  None  Violence toward others  Fire setting  Cruelty toward animals

Other (please specify): Click or tap here to enter text.

Self-harm:  None  Cutting  Burning

Other (please specify): Click or tap here to enter text.

Suicidality:  None  Past SI  Current passive ideations  Current active SI with plan

Past suicide attempt  2 or more suicide attempts Other (please specify): Click or tap here to enter text.

Psychiatric Hospitalization:  None  Psych hospitalization within last 3mo

Psych hospitalization within the last year  Past psych great then 1 year

Multiple hospitalizations  Other (please specify): Click or tap here to enter text.

Comments regarding safety/risk: Click or tap here to enter text.

**Have there been or are there currently any concerns for substance use? If so, please specify:** Click or tap here to enter text.

**Does the youth have any of the support systems below? Please check all that apply.**

Relationship with family of origin  Peer friendships

Participation in extracurricular activities/ sports  Supportive adult relationship

Engagement in services  Active referrals for service

Spiritual or religious community supports  Other community supports

Comments: Click or tap here to enter text.

**Please provide any additional information you have about this youth, including strengths and other collateral information:** Click or tap here to enter text.

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I have discussed this request for  Puberty blocking agents  Gender-affirming hormone therapy with this youth and youth agrees with the current treatment plan.

Social Worker Signature Date

Click or tap here to enter text.

Printed Name

Supervisor Signature Date

Click or tap here to enter text.

Printed Name