

**Laura Thor, DMin, LCSW, LLC**  
*Psychotherapy and Interfaith Spiritual Direction*  
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### **Disclosure and Agreement Regarding Referral for Hormonal or Surgical Treatment**

My signature attests that Laura Thor, DMin, LCSW, has informed me of the commonly known medical and psychological benefits, side-effects and risks of using hormones and /or surgery to masculinize or feminize my body. She has further advised me to ask my medical provider for information about these treatments and to answer my questions.

Laura Thor, LCSW has also provided assessment, educational and psychotherapeutic services in response to my inquiry about my transgender experience, and has made her recommendations based on my reported history, and on the guidelines of the Standards of Care of the World Professional Association for Transgender Health (WPATH). I understand that diagnosing and recommending a client's eligibility and readiness for hormonal and surgical interventions is not an exact science, and that I could possibly regret my decision to seek these treatments. Therefore, I hold harmless Laura Thor, LCSW from liability in this event.

I further understand that Laura Thor, DMin, LCSW recommends I continue in psychotherapy after the start, during transition, and for a period of time after the conclusion of transition, to enhance the likelihood of my best adjustment to my new gender status.

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Print Name

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Signature

Date

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Guardian/Parent (print)

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Guardian/Parent (signature)

Date