FAA Gender Dysphoria Mental Health Status Report

(Updated 08/30/17)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

The following information must be addressed in the treating provider's evaluation. Evaluation should be performed in accordance with a comprehensive mental health assessment following the World Professional Association for Transgender Health (WPATH) guidelines. Submit either this form* or supporting documentation addressing each item to your AME or to the FAA at:

Federal Aviation Administration
Civil Aerospace Medical Institute, Bldg. 13
Aerospace Medical Certification Division, AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

1.	I am a board certified psychiatrist or licensed psychologist AND I meet the criteria for "a qualified mental health professional" per WPATH (current version) guidelines.	[ ] Yes	[ ] No-explain
2.	This airman meets the DSM-5 diagnostic criteria for Gender Dysphoria and the condition is not secondary to, or better accounted for, by other diagnoses.	[ ] Yes	[ ] No-explain
3.	PSYCHIATRIC HISTORY:		
	Current mental health diagnosis or coexisting mental health concerns….....	[ ] None	[ ] Yes-explain
	Previous mental health diagnosis or coexisting mental health concerns.....	[ ] None	[ ] Yes-explain
	ER visit or hospitalization for any psychiatric illness or condition ever…….....	[ ] None	[ ] Yes-explain
	Any suicide attempt(s) ever.....…….....	[ ] None	[ ] Yes-explain
	Substance Use disorder per DSM-5…… (e.g. alcohol, cannabis, stimulants, hallucinogens, opioids)	[ ] None	[ ] Yes-explain
4.	PSYCHIATRIC TREATMENT: (List start and end dates on each. For medications, also note name, dose, and side effects, if any.)		
	Current use……	[ ] None	[ ] Yes-explain
	Previous use……..	[ ] None	[ ] Yes-explain
	Psychotherapy for any condition other than GD (e.g. depression, anxiety)…….	[ ] None	[ ] Yes-explain
	Other treatments (e.g. cognitive therapy, talk therapy, electroconvulsive therapy)	[ ] None	[ ] Yes-explain
5.	CURRENT STATUS: Airman is doing well. There are no mental health concerns. Psychotherapy (if any) is for gender dysphoria only. No other treatment is needed (do not include support group or support group counseling).	[ ] Yes	[ ] No-explain
6.	Any evidence of cognitive dysfunction or is a formal neuropsychological evaluation indicated?.....	[ ] None	[ ] Yes-explain
7.	Do you have ANY concerns regarding this airman?.....	[ ] None	[ ] Yes-explain

_____ _____
Treating Provider Signature Date of Evaluation

_____ _____
Name or Office Stamp Phone Number

***For any response which requires further explanation, submit supporting documentation. In some cases, actual records will be required.**