DIAGNOSTIC PSYCHIATRIC EVALUATION

PATIENT NAME: Legal name

DATE OF BIRTH: DOB

DATE OF EVALUATION: Date

EVALUATED BY: name, credentials

IDENTIFYING INFORMATION:
Name is a XXX-year-old biological male/female living with FAMILY in Somewhere, NY. He/she is enrolled in XXX High School and is in his/her XXX year. The evaluation is based on interviews in person with consultation with XXX

PRESENTING PROBLEMS:

Chief Complaint:
Name was brought for evaluation for recent articulation of concerns about his gender and is seeking recommendations for next steps.

History of Present Illness:
Name is a XXX-year-old biological male. He began having cross-gendered behaviors and preferences beginning at an early age, and in early childhood would idolize girl or woman characters in the movies and television shows he would watch. He felt quite feminine early on and would often take the role of the female in fantasy or imaginative play. By 2nd grade, he began to wonder about the meaning of these preferences and recalled seeing another girl on the bus and wondering why he couldn’t be like that as well as having the recognition that “I shouldn’t tell anyone.”

In the evaluation, Name expressed happiness to be here, as he was happy that steps were being taken to help advance his treatment. He reports that his gender identity has been consistently feminine for as long as he can remember, and that he does not feel like a girl, but is a girl. This feeling has persisted through puberty and has been consistent in expression across domains. He feels most comfortable when taking on the feminine gender role and whenever possible makes choices to support that role, including shaving his legs, sitting to pee, etc. He reports that both of his parents have been understanding and supportive, but unclear of the implications, and that he has yet to tell either of his brothers.

REVIEW OF RATING SCALES:
Prior to the evaluation, Daniel filled out the RCGI (Recalled Gender Identity Questionnaire), which is a scientifically validated questionnaire to measure recalled gender-typed behaviors in childhood. In this scale, Daniel’s average score indicates that Daniel’s recall of her gender-typed behaviors of childhood was significantly more feminine than most boys but is typical for biological boys with gender identity disorder. In addition, he filled out a Utrecht Gender Dysphoria Scale, which was consistent with a high degree of gender dysphoria, and his scores on
the body image scale were consistent with how most biological males with Gender Identity disorder feel about their body. During the evaluation, the Gender Identity Interview for Young Adolescents, was also utilized, the results of which were consistent with a diagnosis of Gender Identity Disorder.

**HISTORY OF PREVIOUS PSYCHIATRIC ILLNESS AND TREATMENT:**
Daniel was first seen by a psychiatrist in 2002 and was diagnosed XXX

**MENTAL STATUS EXAMINATION:**
Daniel is a well groomed, feminine appearing young man, appearing his stated age with long hair and a thin frame. etc

**SUMMARY AND CASE FORMULATION:**
Name is a 17-year-old biological male with a female gender identity with additional struggles with mood and anxiety. From a biological perspective, there is no significant family history that could give us a clear indication of any increased risk for development of mental illness. In addition, there is no report of previous head trauma, seizures or chronic medical conditions or substance/alcohol use that can contribute to the development of a primary psychiatric illness. Notably, his development was marked by a natural preference for more feminine gender role behavior. Psychologically, Name has a number of strengths and resilience factors. He is a bright child, who despite the questioning of his gender, has a cohesive and otherwise intact identity that is nuanced and developmentally appropriate. He can articulately discuss his internal state but lacks appropriate self-esteem, particularly considering his accomplishments. Socially, name has a supportive and loving family who has taken steps to understand him, and have taken proactive steps to support his journey. He has been able to identify some friends whom she can share her thoughts and feelings with, and the reactions have been by and large quite positive.

From a diagnostic perspective, Name meets criteria for Gender Identity Disorder. Gender Identity Disorder, as defined by the DSM, is a strong and persistent cross-gendered identification and persistent discomfort in the gender role of that sex. In addition, in order to meet the diagnosis, there is requirement that the disturbance causes clinically significant impairment and functioning. In addition, it has had clear impact on his mood and anxiety.

**DSM IV DIAGNOSES:**

**Axis I:** (Clinical disorders)
Gender Identity Disorder

**Axis II:** (Personality Disorders, clinically significant problems with learning or intellect)
None.

**Axis III:** (General Medical Conditions)
None.
Axis IV: (Psychosocial & Environmental problem areas)
None

Axis V: (Global Assessment of Functioning Scale from 0 = severely impaired to 100 = superior functioning in all areas)
Current GAF: 60

RECOMMENDATIONS AND INITIAL TREATMENT PLAN:
1. Diagnostic: Name reported his cross-gendered preference began in early childhood with him describing feeling uncomfortable in his gender roles. The questionnaires that he filled out, as well as the clinical interview, point to the presence of Gender Identity Disorder. Exploration of one’s identity is a hallmark of adolescence, but most teens do not explore their gender in this way. While cross gendered expression in childhood is quite common (as was the case for Name), most children take on more cis-gendered behaviors by adolescence (meaning behaviors that more typically match those of their biological gender). In addition, most children with cross-gendered behaviors of childhood do not go on to abhor secondary sexual characteristics like Name does. Children that persist in their transgendered identity through adolescence are significantly more likely to persist into adulthood. In addition, a number of other factors throughout his development pointed to Name persisting in his female gender identity. Adolescents with gender identity often have secondary psychiatric diagnoses because of the stress caused by the gender dysphoria which often improves as their gender presentation/role begins to match their inner gender identity. In this way, it will be important to continue to monitor his symptoms as his transition begins.

4. Medical: Name would benefit from an evaluation to begin cross gender hormones or puberty blockade. He would also require a letter from a mental health professional, for which this report may serve. There are no psychiatric contraindications at this time before starting cross gender hormones.