

Dr. Hilary Alteen, M.D., F.R.C.P.C.

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****Note: I can also be found on Med Access EMR, Pathways NL, Virtual Hallway, and doctorIME****

Dear Fellow Physicians:

I am a general psychiatrist who is specialized in working with patients of the 2SLGBTQIA+ population as well as patients of all ages presenting with a wide variety of concerns.

As many of you know, the transgender community is an underserved and marginalized population that has difficulties accessing mainstream services due to institutionalized and societal stigma. As a member of the 2SLGBTQIA+ community I have lived experience as a transgender/non-binary and asexual Newfoundlander, and I have ties to several 2SLGBTQIA+ support organizations in the province.

I am a member of the World Professional Association for Transgender Health (WPATH) and am pursuing full certification under WPATH for the purposes of guiding local multidisciplinary care teams by aiding them in implementing the WPATH Standards of Care into their practices. As a psychiatrist I practice gender-inclusive and trauma-informed care and I have experience in diagnosing complex childhood trauma and PTSD in individuals with complex mental health presentations.

Subsequently, I am able to perform pre-surgical assessments for gender affirming surgery and since I am part of the Atlantic Registry I can also follow patients through the entirety of their medical transition, providing mental health support and guidance as needed. Furthermore I have some experience with the *Kink Clinical Practice Guidelines* of the The Alternative Sexual Health Research Alliance (TASHRA) and am pursuing further education in this area. As such, I am comfortable seeing patients where their concerns involve gender dysphoria, sexual identity questioning, psychogenic sexual dysfunction, and non-traditional sexual and kink based relationship dynamics.

I see patients of all ages, including children and the elderly, however consultations for members of the general public who can and do feel comfortable engaging with the health care system without risk of stigma will be given lower waitlist priority due to the sub-specialty nature of my clinic. I do not generally see patients for paraphilic disorders, although I will consider consultation on a case by case basis.

To be clear, consultation priority will be given to 2SLGBTQIA+ patients, specifically members of the Transgender community, as well as patients where the primary concern involves non-traditional sexual relationship dynamics.

I will also provide Independent Medical Examinations on request for short and long term disability claims for insurance purposes.

Referral Requirements:

- ☐ A clearly stated reason for referral and a clear clinical question presented on my designated referral form. Referrals that are not sent to me on this form or, alternatively, through Med Access EMR may be rejected.
- ☐ An up-to-date patient medication list including past medical trials.
- ☐ Relevant laboratory investigations and diagnostic imaging reports.
- ☐ Any previous psychiatric consultations and psychologist reports, including neuropsychological testing or school report cards.

Signature:

Date:

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PATIENT INFORMATION

Name:	MCP:
DOB:	Number:
E-mail (for rating scales):	Address:
REFERRING DOCTOR:	MEDICATION LIST (Please Attach):
REASON FOR REFERRAL:	
<input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Youth Gender Dysphoria <input type="checkbox"/> Gender Dysphoria <input type="checkbox"/> Complex Trauma <input type="checkbox"/> PTSD <input type="checkbox"/> OCD <input type="checkbox"/> Sexual Dysfunction <input type="checkbox"/> Gender Affirming Surgical Assessment	
ANY HISTORY OF: • Aggression / Violence <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ • Ongoing or past substance use <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
HISTORY OF PRESENT ILLNESS	

Signature:

Date:

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