

# Dr. Amanda Marchak, MD, FRCPC

She/Her/Elle

PO Box 23170

St. John's RPO Churchill Square, NL, A1B4J9

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Dear Referring Provider,

I am a general psychiatrist who has specialized in working with patients of the 2SLGBTQIA+ populations and am a member of the World Professional Association for Transgender Health (WPATH). I am currently pursuing full certification under WPATH with the goal of helping other providers implement the WPATH Standards of Care in their practices.

In my practice I focus on providing gender-inclusive and trauma-informed care. I have experience in helping individuals navigate mental health concerns while pursuing gender-affirming care (including gender-affirming hormone therapy). I also have experience in providing diagnostic clarification in individuals with complex mental health presentations -- including diagnosing trauma-based disorders or neurodevelopmental disorders (such as Autism and ADHD).

I am able to perform pre-surgical assessments for gender-affirming surgery. Further, where certain procedures aren't offered in Newfoundland, I am also able to remain involved in the patient's care throughout the entirety of their medical transition as I am part of the Atlantic Registry. The one stipulation that I feel needs to be made clear is that, as a psychiatrist, I would only be one member of a patient's care team when pursuing gender-affirming surgery. As a psychiatrist, I am well equipped to provide mental health support and guidance (where needed); my practice is not set up in a fashion that allows me to provide adequate post-surgical care (e.g., post-surgical physical exams) -- especially where I am only providing virtual care at present. For this reason, patients must be connected with a primary care provider who is able to act as the most-responsible provider when it comes to post-surgical care.

Otherwise, even though my practice does have a specialized area of focus, I work with individuals of all ages presenting with a wide variety of concerns. However, consultation 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 practice.

**To be clear, consultation priority will be given to 2SLGBTQIA+ patients, specifically members of the transgender community. Further, given the number of general patients that I am actively following in my practice, I am only offering consult-only assessments for general psychiatry presentations at this time.**

Referral Requirements:

- A clearly stated reason for referral and a clear clinical question presented on my designated referral form. If not using my designated referral form, please ensure ALL the information that is requested on my referral form is included in the referral letter.
- An up-to-date patient medication list, including past medication 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:	Address:
<b>REFERRING DOCTOR:</b>	<b>MEDICATION LIST (Please Attach):</b>
<b>REASON FOR REFERRAL:</b>	
<input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Gender Dysphoria	
<input type="checkbox"/> Complex Trauma Presentations <input type="checkbox"/> PTSD <input type="checkbox"/> OCD <input type="checkbox"/> Gender-Affirming Surgical Assessment	
<b>ANY HISTORY OF:</b>	
• 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: _____	
<b>HISTORY OF PRESENT ILLNESS</b>	

Signature:

Date:

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