

LIN FRASER, M.A. / MFCC
PSYCHOTHERAPIST
SEX RELATED PROBLEMS-GENDER COUNSELING

2538 CALIFORNIA STREET
SAN FRANCISCO, CA 94115

BY APPOINTMENT
(415) 922-9240

This application form must be
which will remain a permanent part
photograph, your file will not be c

NAME (currently used) Louis

NAME (legal) _____

SOCIAL SECURITY NO. [REDACTED]

ADDRESS [REDACTED] S

PHONE (Home) [REDACTED]

HEIGHT 5'7"

GENDER OF CHOICE X Male _____ Female

ANATOMIC SEX _____ Male X Female

I dress exclusively as a X Male _____ Female

I have lived exclusively as a male for 70 months.

HORMONES Depo-Testosterone 1cc / 2 wks 6 yrs. 6 mo.
(Type) (Dose) (Frequency) (How long)

Prescribing Physician GEORGE P. FULMER, M.D.
(Name)

[REDACTED] CLAY SUITE [REDACTED] SAN FRANCISCO
(No.) (Street) (City) (State) (Zip) 94111

PERSON REFERRING YOU TO ME KIM STUART

Have you ever been evaluated by another gender program? Yes X No

If yes, please list the centers indicating the dates of treatment
and the reasons you left that program.

Enc. pl find to guest. you required
in order to write a letter of referral for
me. I already have letters from
W. Pomeroy & P. Walker, but ~~letter~~
would like to also have yours for
good measure. I spoke with "Daniel"
re: Brownstein's work & he raved.
He didn't offer, ~~but~~ I'm going to phone
him again, to ask if I might see his
surgery. It's incredible how alive
I feel just knowing this surgery
could happen soon.

Thanks, Lin, for your help.
It made all the difference for me.

to Lin Fraser
4-12-86

Please briefly describe what you think your problem is.

I AM A FEMALE-TO-MALE TRANSSEXUAL.

Please comment on your understanding of the therapy "program" and how you think we can help you.

I AM SEEKING A LETTER OF RECOMMENDATION
FOR SURGICAL SEX REASSIGNMENT, I.E.,
GENITOPLASTY.

Please write a one page autobiography describing those events in your life which you feel were most important in contributing to your development and your current feelings about yourself.

AS A CHILD MY FAVORITE PAST-TIME WAS "PLAYING BOYS," WHICH CONSISTED OF MY TAKING ON A MALE IDENTITY AND IMAGINING THAT I WAS A BOY AS I WENT THROUGH THE DAY. IN MY TEENS AND 20'S, I DIDN'T WANT TO GIVE UP "PLAYING BOYS." I'VE CROSSDRESSED AND PASSED AS A YOUNG MAN SINCE AGE 22 (NOT COUNTING EARLIER EPISODES WHILE "PLAYING BOYS") AND AT AGE 28 BEGAN MALE HORMONE THERAPY. AT AGE 29 I HAD A MASTECTOMY AND, FROM THAT TIME, HAVE LIVED FULL-TIME VERY SUCCESSFULLY AS A MAN. NOW AT AGE 35 I DEEPLY WISH TO COMPLETE THE SURGICAL TRANSFORMATION OF MY BODY, AS I KNOW I WILL NOT BE ABLE TO LIVE HAPPILY WITH A BODY HALF MALE / HALF FEMALE.

FAMILY AND PERSONAL HISTORYMother (Name) NANCY L. SULLIVAN(Address) [REDACTED] W. BLUEMOUND RD, WAUWATOSA WI(Occupation) none 53213Father (Name) JOHN E. SULLIVAN(Address) deceased August 1983

(Occupation) _____

Were your parents divorced? Yes No Your age at time of divorce 27Who brought you up? (Indicate relationship) mother & father & grand-mother

Please list the names, ages and sex of all your brothers and sisters in order of birth.

KATHLEEN - F - 38

JOHN - M - 37

me - ? - 35

BRIDGET - F - 33

MARY ELLEN - F - 31

PATRICK - M - deceased at age 20
would have been 29

Briefly describe what it was like for you growing up in your family, e.g., to whom were you closest, who were your parents' favorites, with whom did you fight most often, with whom did you get along, who understood you the best, which parent had the most influence, etc.

I WAS VERY AWARE THAT NO ONE WAS VERY HAPPY IN MY FAMILY. I PLAYED WITH MY BROTHERS & SISTERS, BUT OTHERWISE WAS VERY MUCH A LONER. MY PARENTS TOOK MEASURES TO ENSURE NO ONE WAS TREATED BETTER, BUT I COULD SEE LIFE AS A MALE WAS SOMEHOW BEST.

What was the overall atmosphere in your family?

MY PARENTS NEVER LOVED EACH OTHER,
BUT US KIDS WERE VERY CLOSE.

Did you ever feel rejected by anyone in your family? By whom?

NOT PARTICULARLY

Briefly comment on the frequency with which you communicate with your parents.

AT THIS POINT IN TIME, I AM THE SECOND CLOSEST
TO MY MOTHER; MY FATHER, NOW DECEASED, WAS VERY
COMMUNICATIVE AND SUPPORTIVE OF ME.

Do your parents know about your decision to cross-live? Yes No

If yes, how do your parents feel about your desire to cross-live and
to undergo sex reassignment surgery?

THEY ARE BOTH VERY SUPPORTIVE AND RELIEVED.
FATHER BORROWED ME THE \$\$ FOR MY MASTECTOMY.

If your parents do not know, please indicate when and how you plan to tell them.

N/A

What is your best guess as to their reaction?

N/A

Have you or any member of your family ever been in psychotherapy? Please
indicate who and for how long.

I BELIEVE ALL MY BROTHERS & SISTERS HAVE
BEEN IN COUNSELING.

Have you or any member of your family ever been hospitalized for psychiatric
reasons. Indicate who and for how long.

BRIDGET — FOR 6 MOS. (?)

Is there a history of heavy drinking in your family? Yes No

If yes, please briefly describe who had the problem and indicate how
you feel this drinking affected you.

EMPLOYMENT AND EDUCATION HISTORY

Current occupation TYPESETTER / WORD PROCESSOR

Employer SELF-EMPLOYED

Length of time employed 1 1/2 years Salary VARIES

Briefly describe your feelings about this job.
BEST I'VE EVER HAD

I am employed as a male female

My co-workers consider me male female

If you have not yet begun cross-living, what are your vocational plans when you do make the change?
N/A

Assuming that five years from now you will be gainfully employed, please state the occupation you would most like to be in. Please be specific.

SAME AS I'M IN NOW

What occupation do you think you will actually be in five years from now?

SAME AS I'M IN NOW

Given that this is your future employment goal, how do you plan to accomplish it?

IT IS BEING ACCOMPLISHED

Please list the jobs or positions that you have held over the past five years, beginning with your most recent job.

Employer	Position	Dates Employed
SELF-EMPLOYED	TYPESETTER / WORD PROCESSOR PARTNER IN BUSINESS	SEPT '84 - present
ARCO OIL + GAS Co.	ASSOC. ENGINEERING TECHNICIAN	AUGUST '80 - SEPT '84
WILSON SPORTING GOODS Co.	SALES SECRETARY	Nov. '75 - Aug. '80
DEPT. OF SLAVIC LANGUAGES UNIV. OF WISCONSIN - MILWAUKEE	DEPT. SECRETARY	MAR. '70 - JULY '75

(If you require more space, please use the back of this page.)

Are you on welfare? Yes No

If yes, for how long? _____

Have you been on welfare in the past? Yes No

If yes, for how long? _____

How often have you found it necessary to use prostitution as a means of support? Please briefly comment.

NEVER

Age entered school 4 Number schools attended 3 Highest grade 12

Describe what it was like for you in high school both in terms of your grades and academic accomplishments as well as your social life.

I WAS AN EXTREMELY SHY, SELF-CONSCIOUS LONER, MADE VERY FEW FRIENDS AND DID NOT DATE, I WAS A B+ STUDENT, I WENT TO CATHOLIC HIGH SCHOOL, WORE UNIFORMS EVERY DAY, I WAS TEASED BY THE BOYS AND ONE TIME HAD TO CHANGE HOMEROOMS BECAUSE OF THIS, AND I HAD NO IDEA AT THAT TIME WHY I WAS BEING SINGLED OUT.

SOCIAL AND PSYCHOLOGICAL HISTORY

Have you ever served in the Armed Forces? Yes X No
If yes, were you Drafted Enlisted

What made you decide to join the military?

Did the military experience live up to your expectations?

Did you have any significant relationships while in the service. Briefly describe.

Under what conditions did you leave the military?

If you did not serve, please indicate how you avoided military duty and why.

I WAS A FEMALE

Have you experienced any harassment by law enforcement agencies. If yes, briefly describe.

No

Have you ever been convicted of any crime? If yes, briefly comment.

NO

What, if any, problems with the legal system do you anticipate as a result of your decision to cross-live?

NONE

Have you ever been involved in the use of drugs? Yes No
Please indicate which drugs you have used and the frequency of use:

	Casual	Frequent	Addicted
Marijuana	<u> X </u>	<u> </u>	<u> </u>
Barbiturates	<u> </u>	<u> </u>	<u> </u>
Amphetamines	<u> </u>	<u> </u>	<u> </u>
Hallucinogens	<u> </u>	<u> </u>	<u> </u>

Please list your current medications and the condition for which they are prescribed.

DEPO-TESTOSTERONE, see page 1

Have you ever attempted suicide? Yes No

If yes, please list the attempt(s) indicating your age at the time of the attempt(s) and the method you used.

Have you ever seriously considered suicide or other self-destructive acts?

Yes No If yes, please briefly describe.

If yes, please briefly describe.

Have you ever thought about committing suicide or other self-destructive acts? Yes No If yes, please briefly describe.

Have you ever attempted genital injury? Yes No

Are you currently married? Yes No

If yes, are you married as a man woman

Briefly describe what your spouse thinks about your plans for sex reassignment.

N/A

Please list your marriages, indicating your age at the time of marriage, length of marriage, your gender role and whether you are now legally divorced. The reasons for divorce should also be noted.

NEVER MARRIED

Have you ever parented any children? Yes No

If yes, please list indicating names, ages, sex and with whom they live.

Please describe your current relationship with your children and the frequency with which you see them.

N/A

Describe your children's reaction to your gender problem.

N/A

If they are not aware of your plans, how do you propose to tell them and how do you plan to relate to them after making the change?

N/A

Please indicate your religious affiliation in childhood CATHOLIC
currently NONE

Briefly describe what your religion meant to you growing up and what role it currently plays in your life.

I WAS RAISED SURROUNDED BY "GUILT" IN THE PURE CATHOLIC SENSE. RELIGION (ORGANIZED RELIGION) PLAYS NO PART IN MY PRESENT LIFE.

What do you think your church's attitude is toward persons who cross-live? Toward sex reassignment surgery?

N/A

Describe a typical week's activities for you.

EVERY DAY IS DIFFERENT. I PERFORM TYPESETTING & WORD PROCESSING ON CALL, PLUS MANAGE THE BOOKS FOR MY SMALL PRINTING BUSINESS.

With whom do you live?

MY BUSINESS PARTNER/ROOMMATE FOR 4+ YEARS

Do any of your friends know of your plans? Yes No If yes, what has been their reaction?

RELIEF AND HAPPINESS FOR ME

Do you have any friends or acquaintances who are transsexuals? Yes No

SEXUAL AND GENDERAL HISTORY

Describe your parents' attitudes towards sex.

DIRTY, DISGUSTING AND A SIN

How did you find out about sexual behavior?

I MASTURBATED TO ORGASM LONG BEFORE KNOWING WHAT IT WAS.

What were your earliest fantasies about sex?

IMAGINING MEN TOUCHING EACH OTHER

Describe in detail your first sexual encounter with a male, indicating what fantasies were associated with that encounter.

AT AGE 17 - I PRETENDED I WAS A MALE AND MY LOVER WAS HAVING HOMOSEXUAL SEX WITH ME

Describe in detail your first sexual encounter with a female, indicating what fantasies were associated with that encounter.

AGE 22 - SHE MASTURBATED ME IN A CAR, I DIDN'T TOUCH HER. I THOUGHT OF THE GAY BOYS IN THE BAR ACROSS THE STREET.

In general, how important a part does sex play in your life?

IT HAS BECOME AN ACT I PERFORM ALONE ON MYSELF

When did you first experience orgasm and how was this achieved (e.g., masturbation, with a male or with a female, etc.)

MY FIRST RECOLLECTION WAS AT AGE 8, ALONE, RUBBING AGAINST MY BED.

How many stable (three months or longer) sex partners have you had?

TWO - ONE FOR 10 YEARS
ONE FOR 4 YEARS

Write a brief history of your sexual contacts, including both male and female partners. Please indicate what was pleasurable about these contacts and what was not pleasurable or not comfortable about them.

MY FIRST LOVER (MALE) - WE WERE TOGETHER WHEN I WAS 17 → 27 YEARS OLD. HE WAS EFFEMINATE AND ENJOYED MY CROSSDRESSING. WE SOMETIMES PASSED AS A GAY COUPLE. WE HAD AFFAIRS OUTSIDE OUR RELATIONSHIP - I WAS WITH A FEW FEMININE MEN. I NEVER HAVE BEEN MUCH INTERESTED IN FEMALES, I AM STILL INTERESTED IN MEN BUT AM BECOMING A RECLUSE, i.e., I WANT TO FINISH CHANGING MY BODY AND BELIEVE I CAN THEN PARTICIPATE IN MY OWN SEXUAL FANTASIES

Does your current sexual activity involve your genitalia?

YES

Describe your preferred method of sexual contact (e.g., preferred partner; type of sexual contact; degree of activity; associated fantasy, etc.)

I PREFER SEX WITH GAY MEN AND AM INTERESTED IN ANY TYPE OF SEXUAL CONTACT, BUT PREFER STEREOTYPICAL GAY MALE SEX (ORAL, ANAL) ALTHOUGH THIS IS MORE IN FANTASY THAN IN FACT.

What do you understand the term "transvestite" to mean? What are your feelings about transvestitism?

A PERSON WHO LIKES TO DRESS AS THE OPPOSITE SEX BUT IS HAPPY WITH THEIR BODY. I USED TO IDENTIFY AS A FEMALE TRANVESTITE, AS MEN'S CLOTHING IS EROTIC TO ME.

What do you understand the term "transsexual" to mean? What are your feelings about transsexualism?

A PERSON WHO FEELS THEY ARE A MEMBER OF THE OPPOSITE SEX IN MIND AND BODY.

What do you understand the term "homosexual" to mean? What are your feelings about homosexuality?

A PERSON WHO IS HAPPY WITH THEIR BODY AND IS SEXUALLY EXCITED BY OTHERS WITH THE SAME KIND OF BODY

Age at which you first cross-dressed _____ in public _____ in private.

AS A CHILD WHILE "PLAYING BOYS" BUT KNEW WHAT I WAS DOING - AGE 6

Please describe briefly the nature and frequency of your cross-dressing and your feelings when you are so attired.

I AM A MAN

How do you currently dress? as a man ___ as a woman

Have you ever attempted to live exclusively in the role of choice? Yes ___ No

If yes, please indicate the length of time and the degree of success you experienced in passing.

SINCE JULY 1980 WITH TOTAL SUCCESS

Have you undergone any surgical procedures to assist passing? Yes ___ No

If yes, please indicate which operations.

SIMPLE BILATERAL MASTECTOMY JULY 1980

Please indicate what operations you plan in the future to assist adjustment to the role of choice.

GENITOPLASTY AS SOON AS POSSIBLE

Have you had any hormonal therapy? Yes No

As a result of the hormones, I have noticed these changes male to female:

breast development I feel more anxious I feel no different
 I have no erections I feel less anxious other, please describe

As a result of hormones, I have noticed these changes female to male:

reduced breasts I feel more anxious I feel more excitable
 new body hair I feel no different I feel less anxious
 voice changes other, please describe

Why do you want sex reassignment surgery?

TO COMPLETE THE CHANGE I BEGAN
OVER SIX YEARS AGO

What differences do you feel surgery will make in your life?

I WILL BE ABLE TO REMOVE MY
CLOTHES WHILE HAVING SEX

What does it mean to you to be a woman? (Everyone should answer both this question and the following one.)

TO ENJOY TYPICALLY "FEMALE" THINGS AND
FEEL COMFORTABLE IN A FEMALE BODY

What does it mean to you to be a man? (Please answer both this question and the preceding one regardless of your gender of choice.)

TO BE INDEPENDENT AND LIVE FOR MYSELF
AND HAVE OTHERS REACT TOWARD ME
AS THEY WOULD TREAT A MAN.

What do you feel is the most significant difference between being a man and being a woman?

PEOPLE REACT AND ACT DIFFERENTLY IN THE PRESENCE OF A MAN THAN WITH A WOMAN. I ENJOY BEING TREATED AS A MAN, WHATEVER FORM THAT TREATMENT MIGHT TAKE,

Please rank order all of the reasons listed below in terms of their importance to you in seeking sex reassignment surgery.

Male to female

___ sexual function	___ legal identity
___ social acceptance	___ job or vocational success
___ improved marital relationship	___ feel more complete as a woman
___ feel more complete as a female	

Female to male

<u>2</u> sexual function	<u>6</u> legal identity
<u>4</u> social acceptance	<u>8</u> job or vocational success
<u>5</u> improved marital relationship	<u>7</u> standing to urinate
<u>3</u> feel more complete as a man	<u>1</u> feel more complete as a male

After surgery, what do you anticipate your life style will be?

SAME AS NOW, BUT I WILL BE ABLE TO ENJOY SEX WITH A PARTNER! I WILL NOT LIVE IN FEAR OF "BEING DISCOVERED"

What is your understanding and reaction to possible complications and/or discomfort involved in surgery?

ANY SURGERY IS UNCOMFORTABLE BUT I AM EXTREMELY UNCOMFORTABLE NOW

Which of your qualities, characteristics and experiences do you feel make you a particularly good candidate for surgery?

I HAVE PROVEN MY SINCERITY AND SUCCESS AS A MAN THESE PAST 6 YEARS

What kind of adjustments do you think you would have to make after surgery?

I WILL NEED TO MAKE FRIENDS WITH MY BODY AFTER FEELING ALIENATED FROM IT FOR SO LONG

Can you anticipate any problems?

OF COURSE!

You are required to list at least three persons (family and friends), their addresses and telephone numbers. These should be persons who always know your whereabouts and/or how to contact you in the future. Please list their names, addresses and telephone numbers.

Name MARY ELLEN HANLEY (sister) Phone 415- [REDACTED]

Address [REDACTED] LINCOLN, SAN FRANCISCO CA 94122

Name NANCY SULLIVAN (mother) Phone 414- [REDACTED]

Address [REDACTED] W. BLUEMOUND RD, WAUKESHA WI 53213

Name TOM ZAMOT (pastor) Phone 415- [REDACTED]

Address [REDACTED] PAGE ST, SAN FRANCISCO CA 94117

List all professional persons who have been involved in your efforts to cross-live.

DR. WARDELL POMEROY

DR. MICHAEL BROWNSTEIN

DR. PAUL WALKER

STEVE DAIN

DR. GEORGE P. FULMER

DR. EDWARD FALCES