

Informed Consent: Hormone Therapy for Female-to-Male Gender Transition

Name: _____ WID: _____

This informed consent form refers to the use of hormone therapy by persons who wish alleviate gender dysphoria through the masculinization of their body with testosterone. It is used to ensure you understand the risks, benefits, and alternatives of taking masculinizing hormones, what your provider will expect of you, and warning signs to look out for should adverse reactions develop.

As I'm sure you know, hormone therapy is not the only way to transition. Just as chromosomes and genitals do not define your gender identity, neither do the hormones in your bloodstream or the surgeries you choose to have. It is important to identify your goals of gender transition and discuss them with your healthcare provider to ensure hormone therapy is the right choice for you.

We encourage you to take all the time you need to ask questions, read, research, and think about how hormone therapy could affect you and your life. If any questions arise, either about this consent, or while taking hormone therapy, do not hesitate to ask your provider. You may also decide at any time to stop taking hormones. If you do, please notify your provider so we may update your medical record.

Initial

_____ I identify as having a male/masculine, and/or a gender non-conforming gender identity and wish to be treated with testosterone.

_____ I understand that the long term effects of testosterone are not well-studied or fully understood. There may be important health risks or benefits not listed in this consent form, which we have yet to identify.

_____ I understand the following potentially damaging or dangerous medical side effects of testosterone:

- Decreases in good cholesterol (HDL) and increases bad cholesterol (LDL). This may increase my risk of heart attack and/or stroke in the future. My provider will check my cholesterol level prior to starting and monitor me during hormone therapy through periodic blood tests.
- Increases in blood pressure. My provider will check my blood pressure prior to starting and will monitor me during hormone therapy through periodic physical exams. If I have high blood pressure repeatedly, my provider may recommend diet, lifestyle changes or medication to get my blood pressure well-controlled.
- Increases in the risk of developing or worsening certain diseases (i.e., type 2 diabetes, sleep apnea, and epilepsy). If I develop these conditions, my provider will treat them separately from my hormone therapy, unless it is life-threatening and believed to be a direct result of or significantly worsened by testosterone usage.
- Increases in the risk of developing polycythemia, an increase in red blood cell counts, which rarely, if severe and untreated, can increase my risk of stroke, heart

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disease, and blood clots. If I develop polycythemia, my provider will likely decrease my dose or recommend therapeutic phlebotomy (blood donation) and re-check my labs in 2-3 months.

- Increases in liver enzymes indicating liver inflammation or a back-up of liver products in the bile ducts. This can cause upper abdominal pain and/or liver toxicity. My provider will check me for liver issues prior to starting and will monitor me during hormone therapy through periodic blood tests.
- Increases in the risk of developing osteoporosis (thinning of the bones) that may worsen after oophorectomy or if I stop taking testosterone. My provider may recommend supplements, certain foods, and/or exercise to counter this risk. Once at a certain age or if I experience an increase in bone fractures, my provider may refer me for a bone density scan and/or medication to increase bone density.
- Mood changes. If I experience increased depression, anxiety, or feelings of suicidality, I will tell my provider so that clinic staff can assist in finding resources and supporting me.

___ I understand that testosterone may cause the following permanent changes:

- Increased hair growth on the face, arms, legs, chest, back and abdomen
- Hair loss, especially at the temples and crown of the head and, possibly, becoming completely bald
- Deepened voice
- Enlargement of the clitoris
- Thickening of some facial bone structure

___ I understand that testosterone may cause the following reversible changes. These may change back if I stop taking testosterone:

- Increased libido and changes in sexual behavior similar to those experienced at puberty
- Increased muscle mass
- Decreased fat in the breasts, buttocks and thighs Increased fat in the abdomen
- Increased sweat and changes in body odor
- Increased appetite, weight gain, and fluid retention
- Prominence of veins and coarser skin
- Acne of the face, back, and chest, especially in the first few years of treatment, which, if severe, may cause permanent scarring
- Stopping of menstruation
- Vaginal atrophy, dryness and itching that may occasionally cause pain with vaginal penetration
- Changes in mood
- Thickening of some facial bone structure

___ I understand that testosterone will NOT:

- Change height
- Protect against sexually transmitted diseases

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___ I understand that masculinizing effects of testosterone may take several months to become noticeable, and up to five or more years to reach their maximum and that everyone's rate of change is different. There is no way to definitely predict how or how fast my body will change or react to hormone therapy. The right dose for me may not be the same as for someone else.

___ I understand testosterone can have the following effects on fertility:

- It may make it more difficult or even impossible to have genetically related offspring in the future. I have discussed this with my provider and feel comfortable that I have made an informed decision about my equivocal future reproductive abilities.
- **Testosterone is not birth control**; even though menstruation may stop, I will still ovulate, thus while pregnancy is less likely while on testosterone, it is still very possible. I know to use birth control and/or a barrier method if I wish to avoid pregnancy and am having vaginal sex with someone who can produce semen.
- Testosterone can cause major birth defects if I become pregnant while taking it.

___ I understand that hormone therapy does not prevent endometrial, ovarian or cervical cancer and will still need periodic pelvic exams and pap smears. Even if I have a hysterectomy and oophorectomy I may still need to continue to have periodic gynecological exams and screenings.

___ I understand that hormone therapy does not prevent breast cancer, so I will likely still need periodic chest exams, and/or mammograms, even if I undergo mastectomy.

___ I understand that hormone therapy may make it necessary to have more healthcare screening tests than others of my age. I agree to periodic physical examinations and blood tests to ensure my body is healthy while on hormone therapy.

___ I understand that if I choose an injectable form of testosterone: I am advised not to share or reuse needles as it places me at high risk for blood borne diseases like HIV/AIDS and hepatitis. I will need to demonstrate appropriate self-injection technique to a nurse or medical provider before being prescribed needles and syringes. If I have any adverse reactions, I must wait for them to wear off, which may take two to four weeks.

___ I agree that if I think I have or am developing any worrisome condition I will tell my provider. I agree that if my health care provider suspects that I may have any of these conditions, I will be evaluated for it either in an appointment, through blood tests, or through a referral to a specialist before the decision is made to start or continue hormone therapy at a particular dose or at all. Most often, they can be treated without having to discontinue testosterone.

___ I will discuss with my provider how often I will need to come in for appointments and complete blood tests so the expectations are clear.

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___ I agree to take hormones as prescribed by my provider and to inform my provider of any problems or dissatisfactions I may have with the treatment. I understand that if I take too much testosterone, that my body may convert it into estrogen. This may slow or stop the desired effects of the hormone. My testosterone level will be monitored periodically through blood tests to ensure I'm at a healthy dose.

___ I understand that I can stop taking hormone therapy at any time. I also understand that my provider can discontinue treatment if there is a concern that hormones are harming me.

___ I agree that I will not share or sell prescribed hormones with anyone else, and, if I do, I am putting that person's health at risk. Moreover, I understand that testosterone is a DEA controlled substance (like narcotic pain medicines and some sedatives) and that it is illegal to share these medications with other people. If I am found to be sharing or selling my medications, they will no longer be prescribed.

___ I understand that an open and honest relationship with my healthcare provider is essential to keeping me healthy and safe. I agree to tell my medical provider about any unprescribed hormones, dietary supplements, herbs, recreational drugs or medications I might be taking. Sharing this information will help my provider to prevent potentially harmful medication interaction. I understand and expect that I will never be penalized for my honesty and that clinic staff will continue to provide me with medical care, regardless of what information I share with them.

Patient Signature

Date

Witness Printed Name

Witness Signature

Date

