

Informed Consent for Masculinizing Hormone Therapy

The use of hormone therapy for gender transition/affirmation is based on many years of experience treating trans persons. Research on hormone therapy is providing us with more and more information on its safety and efficacy, but all of the long-term consequences and effects of hormone therapy may not yet be fully understood.

This informed consent asks you to consider both the expected benefits of hormone therapy as well as the possible risks and side effects of hormone therapy, so that you can make an informed decision on whether hormone therapy is right for you. The purpose of this form is to guide a discussion between you and your medical provider or another member of the medical team, so you can understand how these benefits and risks apply to you personally.

By taking **Testosterone**, you will reduce the feminine appearance of your body and increase the masculine features. You and your medical provider will determine which form of testosterone (shots, gels or creams, patches, implanted pellets) and the dose that is best for you. Each individual responds to testosterone differently, and it is difficult to predict how each person will respond. The physical effect of making this hormone change are discussed in more detail below.

Warning ---Who should not take testosterone?

It should not be used by anyone who is pregnant or has uncontrolled coronary artery disease.

It should be used with caution and only after a full discussion of risks by anyone who:

- Has acne
- Has a family history of heart disease
- Has had a blood clot
- Has high levels of cholesterol
- Has liver disease
- Has a high red blood cell count
- Is obese
- Smokes cigarettes
- Has allergies to sesame seed or cottonseed

The Expected Effects of Testosterone Therapy

The masculine changes in your body may take several months to become noticeable and usually take 3 to 5 years to be complete.

Changes that will be **PERMANENT**; they will not go away, even if you decide to stop testosterone treatment:

- The pitch of your voice becomes deeper
- Increased growth, thickening and darkening of hair on the body
- Growth of facial hair
- Possible hair loss at the temples and crown of the head (male pattern baldness) with possible complete baldness
- Increase in the size of the clitoris

Changes that are **NOT PERMANENT** and will likely reverse if testosterone treatment is stopped:

- Menstrual periods will stop, usually within a few months of starting testosterone
- Possible weight gain. If you gain weight, this fat will tend to go to the abdomen and midsection, making the body look more masculine.
- Increased muscle mass and upper body strength
- Possibly feeling more energetic
- Skin changes, including rougher skin and acne that may be severe, even possibly resulting in permanent scarring
- Increased sex drive
- Changes in mood or thinking may occur; you may find that you have a decreased emotional reaction to things and possible increased feelings of irritability or aggression, however most people find that their mental health improves after starting hormone therapy. The effects of hormones on the brain are not fully understood.

Risks and Possible Side Effects of Testosterone Therapy

- Possible loss of fertility; you may not be able to get pregnant after being on testosterone therapy for some time; how long this might take to be a permanent effect is unknown. Some people choose to harvest and bank eggs before starting on testosterone therapy.
- Testosterone, however, is not a contraceptive. Even if your periods stop, you could still get pregnant. Hormonal or non-hormonal birth control can be used while taking testosterone.
- If you get pregnant while taking testosterone, the high levels of testosterone in your system may cause harm and even death to the developing fetus. You cannot take testosterone if you are pregnant.

- Other effects of testosterone on the ovaries and on developing eggs are not fully known
- The lining of the cervix and walls of the vagina may become more dry and fragile; this may cause irritation and discomfort (atrophic vaginitis). Treatments are available over-the-counter and by prescription.
- The effects on the risk of breast, uterine and ovarian cancer is not known
- Possible changes in cholesterol, higher blood pressure and other changes to the body that might lead to an increased risk of cardiovascular disease (heart attacks, strokes and blockages in the arteries)
- Increased appetite and increased weight gain from both muscle and fat which could lead to other weight-related complications such as diabetes or sleep apnea
- Possible inflammation of the liver which could lead to liver disease
- An increase in the hemoglobin and hematocrit (the number of red blood cells) which could cause problems with circulation, such as blood clots, strokes and heart attacks
- Possible worsening or triggering of headaches and migraines
- Possible increase in frustration, irritability or anger; possible increased aggression and worsened impulse control
- Possible worsening of depression, bipolar disorder, schizophrenia and psychotic disorders or other unstable moods

You understand that:

- Smoking cigarettes may increase some of the risks of taking testosterone therapy
- Taking testosterone in doses that are higher than recommended will increase the risks of testosterone treatment; higher doses will not necessarily work better to masculinize the body; in fact, abnormally high amounts of testosterone can be converted to estrogen that may interfere with masculinization
- Testosterone treatment is expected to be lifelong; suddenly stopping testosterone after a long time on the medication may have negative health effects
- You may choose to stop hormone therapy at any time and for any reason. You are encouraged to discuss this decision with your medical provider.
- Your provider may decrease the dose of testosterone or stop prescribing testosterone because of medical reasons and/or safety concerns; you can expect that the medical provider will discuss the reasons for all treatment decisions with you.
- Hormone therapy is not the only way that a person may appear more masculine and live as a male; your medical provider and/or a mental health provider can help you think about these other options
- If you have experienced harassment, your medical or mental health providers are available to find advocacy and support resources.

You agree to:

- Take testosterone only at the dosage and in the form that your medical provider prescribes.
- Inform your medical provider if you are taking or start taking any other medications (including supplements or herbs) or street/recreational drugs or alcohol so that you can discuss possible interactions with and effects on your hormone treatment
- Inform your medical provider of any new physical symptoms or any medical conditions that may develop before or while you are taking testosterone
- Keep regular follow up appointments. We may advise PAP smears, pelvic exams, and mammograms, when applicable
- Have regular monitoring blood testing done; your provider will discuss with you what tests are necessary in order to monitor for potential harmful effects and to ensure that your testosterone treatment is safe and effective.

By signing this form you acknowledge:

You have been given adequate information to be able to make an informed decision about undergoing hormone replacement therapy:

You understand the information your medical provider has given you;

You have been given an opportunity to ask any questions regarding the contents of this form or the treatment you are about to undertake;

You are voluntarily undertaking this treatment;

You are at least 18 years of age.

Patient Name (please print) _____ Date of Birth _____

Patient Signature _____ Date _____

Prescribing Clinician Signature _____ Date _____

Adapted from: Student Health, University of California, Santa Barbara. February 2019

Adapted from: Endocrine Therapy for Transgender Adults in British Columbia: Suggested Guidelines; Physical Aspects of Transgender Endocrine Therapy. January 2006

WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Version 7; 2012.