

## CONSENT FOR FEMINIZING HORMONE THERAPY

**This form** is to show that we have discussed and that you understand:

- the intended and unintended effects of hormone therapy on your body
- which effects may be reversible and which are permanent
- the health risks of taking hormones
- monitoring of your health while taking hormone therapy

**Feminizing hormone therapy** is used to reduce the masculine features and increase the feminine features of your body. These effects take 1-6 months to appear and 1-5 years to reach maximum. Individuals respond uniquely to hormone therapy.

We will work together to find the appropriate type of estrogen (pill, patch, injection) as well as the appropriate dose. We will start at a low dose and increase from there if needed.

We can't predict:

- what dose will be effective
- how long it will take for maximum effect
- exactly what physical, emotional, or sexual changes you will have with hormone therapy

There is little research about the long term effects of hormone therapy. Hormone therapy is not FDA approved. Identity, mannerisms, voice, clothing, physical posture, behavior, interests and so on establish gender. Not every individual whose gender falls outside of societal expectations requires medical treatment to express their gender.

Starting hormones creates change in physical appearance that friends, coworkers, acquaintances, etc. will wonder about and perhaps question you about or make you feel uncomfortable or even unsafe. If you have not thought about this and made a plan for dealing with this, please do. Resources for support (including a peer support group) are available.

Two medications are used: the female hormone estrogen and the testosterone blocker spironolactone. In addition, other androgen blockers and the female hormone progesterone may be considered.

## **Effects of hormone therapy - ESTROGEN and SPIRONOLACTONE**

The following effect **will likely be permanent** even if estrogen is stopped:

- Increased size of breasts

The following effects **may be permanent** even if estrogen is stopped:

- Infertility
- Decreased testicle size

The following effects **may be reversible** if estrogen and spironolactone are stopped:

- Softening of facial features, softening of skin, decreased oiliness of skin
- Change in body fat, increased size of hips, buttocks
- Decreased muscle mass and strength
- Decreased sex drive
- Loss of erections and male sexual function
- Decreased testicular size and sperm production
- Thinning and slowed growth of facial and body hair
- Slowing of male pattern baldness (no regrowth of this hair expected)

## **Medical risks of taking estrogen and spironolactone.**

The most serious risks involve effects on the heart, circulation, and blood clotting. These can be minimized by eating a healthy diet, maintaining a healthy weight, exercising, not smoking or using drugs inappropriately.

Likely increased risk:

- Venous thromboembolism (blood clots forming within blood vessels and affecting circulation, lungs, other organs)
- Weight gain
- Gallstones
- Change in cholesterol
- Elevated liver enzymes indicating stress on liver

Possible risk:

- High blood pressure
- Change in serum potassium, which can affect many body symptoms

Possible risk if other risk factors are present:

- Cardiovascular disease (heart disease, stroke)
- Diabetes

## **Effects on fertility**

Estrogen and spironolactone will decrease or stop sperm production and therefore inhibit fertility. This is usually but not always reversible if the medications are stopped. Consider sperm banking if future fertility is desired.

Unintended pregnancy is still possible while on estrogen and spironolactone. If your sexual practices place your partner at risk for pregnancy, birth control is recommended.

**Routine screenings**

Routine screening for prostate cancer is recommended as appropriate for age. Screening recommendations for people who were assigned female or intersex at birth will vary by the individual. If you have, or intended to have Gender Affirmation Surgery, screening recommendations will have to be adjusted depending on what changes you choose.

Screening for sexually transmitted infection will be offered as appropriate.

**Monitoring of hormone therapy**

The initial year of hormone therapy will require office visits every 1 - 3 months and bloodwork in order to determine best dosing, confirm you are moving toward your goals in therapy, and that negative consequences are minimized as much as possible. Estrogen levels will be checked to ensure you are absorbing the hormone and that the levels are not too high. These evaluations are necessary in order to safely continue therapy. Thereafter, evaluations will be every 6 - 12 months.

**Continuing hormone therapy**

Prescription for hormone therapy requires ongoing monitoring of your health. You are responsible for informing us if you have any new medical conditions or new medications between office visits. You are also responsible for informing your medical team if you are already taking estrogen or any other feminizing agents.

**Your signature below confirms that you understand the information in this document, feel that all your questions have been answered, have adequate information to make a decision, and that you feel that hormone therapy is appropriate and necessary for you to align with your gender.**

Printed name \_\_\_\_\_

Legal name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_