



Consent for Masculinizing 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

Testosterone therapy is used to reduce the feminine features and increase the masculine features of your body. These effects take 1-6 months to appear and 1-5 years to reach maximum. Maximum effect is commonly seen at 2 years. Individuals respond uniquely to hormone therapy.

We will work together to find the appropriate type of testosterone (gel or injection), as well as the best dose. We will start at a lower 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. Mannerisms, voice, clothing, physical posture, behavior, interests and so on may also establish parts of your gender. Not every individual requires medical treatment to fully express their gender. Starting hormones creates change in physical appearance that family, friends, coworkers, acquaintances will likely notice 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 consider doing so. Resources for support (including peer support groups) are available.

Effects of testosterone

The following effects will likely be **permanent** even if testosterone is stopped:

- Voice deepening
- Increased size of clitoris (minimal increase up to several centimeters)
- Growth of more and thicker hair on arms, legs, chest, back, abdomen, buttocks, nose, ears
- Facial hair growth- sideburns, beard, mustache
- Male pattern baldness (loss of hair at temples and above forehead)
- Other changes in skin and facial texture

The following effects may be **reversible** if testosterone is stopped:

- Increased muscle mass and strength
- Decrease in fat in buttocks, hips, thighs
- Increase in fat in abdomen
- Increased sex drive
- Periods and ovulation stop
- Infertility
- Vaginal dryness (may increase risk of vaginal infection)
- Mood changes (aggressiveness, irritability)
- Acne, sometimes severe with permanent scarring

Medical risks of taking testosterone

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

Likely risks:



- Polycythemia (increase in red blood cells that can cause problems with circulation and cardiac function)
- Weight gain
- Acne
- Baldness
- Sleep apnea (a severe form of snoring that can cause heart and lung problems; there is a higher risk of this with obesity)
- Infertility

Possible risk:

- Elevated liver enzymes indicating stress on liver
- Change in cholesterol levels that can increase risk of heart disease
- Increased risk of uterine and breast cancers

Possible risk if other factors are present:

- Destabilization or worsening of mental health problems (bipolar disorder, schizoaffective disorder, conditions with manic or psychotic symptoms)
- Cardiovascular disease (heart disease, stroke)
- High blood pressure
- Diabetes

Effects on fertility and pregnancy: Testosterone usually stops ovulation and periods. If you desire pregnancy, you must stop testosterone and may need other treatment to get pregnant because testosterone can affect your ovaries. Testosterone can cause serious birth defects of a fetus. Testosterone is not a birth control method. Unintended pregnancy is still possible while on testosterone therapy. If your sexual practices place you at risk for pregnancy, birth control is recommended.

Routine screenings

Routine health screenings are recommended to detect and prevent diseases and health issues. These screenings for people who are assigned female at birth would routinely be pap screening, chest exam, evaluation of abnormal periods are recommended if uterus, ovaries, and/or chest tissue are retained. If you are intersex or assigned male at birth, these screenings will vary based on your needs.

Screening for sexually transmitted infection will be offered as appropriate.

Monitoring of hormone therapy

Your first year of testosterone therapy will require office visits every 1 - 3 months and bloodwork in order to determine best dosing of testosterone, confirm you are moving toward your goals in therapy and that negative consequences are minimized as much as possible. Testosterone 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 testosterone 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 to inform your medical team if you are taking any sort of testosterone or masculinizing agent outside of your treatment at our office.

Your signature below confirms that you have reviewed and 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: _____