

Informed Consent for Feminizing 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 the safety and efficacy of hormone therapy, but all of the long-term consequences and effects of hormone therapy may not be fully understood. This informed consent asks you to consider the expected benefits of hormone therapy and the possible side effects of hormone therapy, so that you can decide, with your medical provider, if hormone therapy is right for you. By signing this form, you are stating that you have discussed the risks and benefits with your medical provider or a member of the medical team and that you understand how these benefits and risks apply to you personally.

Androgen (testosterone) blockers are used to decrease the amount and/or block the effect of testosterone on and reduce the male features of the body. Estrogen (usually estradiol) is used to feminize the body; estrogens can also decrease the amount and effect of testosterone.

Your medical provider will determine the form of estrogen (pills, patches, gels or shots) and the dose that is best for you based on your personal needs and wishes, as well as considering any medical or mental health conditions you might have. Each individual person responds to hormone therapy differently, and it is difficult to predict how each person will respond.

You agree to take the androgen blockers and/or the estrogen only as prescribed and to discuss your treatment with your medical provider before making any changes.

The Expected Effects of Feminizing Hormone Therapy

The feminine changes in the body may take several months to become noticeable and usually take up to 3 to 5 years to be complete. Changes that will be PERMANENT; they will not go away, even if you decide to stop hormone therapy:

- Breast growth and development. Breast size varies in all women; breasts can also look smaller if you have a broader chest.
- The testicles will get smaller and softer
- The testicles will produce less sperm, and you will become infertile (unable to get someone pregnant); how long this takes to happen and become permanent varies greatly from person to person

Changes that are NOT PERMANENT and will likely reverse if hormone therapy is stopped:

- Loss of muscle mass and decreased strength, particularly in the upper body

- Weight gain. If you gain weight, this fat will tend to go to the buttocks, hips and thighs, rather than the abdomen and mid-section, making the body look more feminine
- Skin will become softer and acne may decrease
- Facial and body hair will get softer and lighter and grow more slowly; usually, this effect is not sufficient, and most people who use feminizing hormone therapy will choose to have other treatments (electrolysis or laser therapy) to remove unwanted hair
- Patterned baldness of the scalp may slow down or stop, but hair will generally not regrow
- Reduced sex drive
- Decreased strength of erections or inability to get an erection. The ejaculate will become thinner and watery and there will be less of it.
- Changes in mood or thinking may occur; you may find that you have increased emotional reactions to things. Some people find that their mental health improves after starting hormone therapy. The effects of hormones on the brain are not fully understood.

Hormone therapy will not change the bone structure of the face or body; your Adam's apple will not shrink; the pitch of your voice will not automatically change. If necessary, other treatments are available to help with these things

_____ I have questions about the possible effects of hormone therapy.

_____ My medical provider or a member of the medical team has answered my questions about the effects of hormone therapy

The Risks and Possible Side Effects of Estrogen Therapy

- Loss of fertility (unable to get someone pregnant). Even after stopping hormone therapy, the ability to make healthy sperm may not come back. How long this takes to become permanent is difficult to predict. Some people choose to bank some of their sperm before starting hormone therapy.
- Because the effect on sperm production is hard to predict, if you have penetrative sex with a partner assigned female at birth, you or your partner should still use birth control (e.g. condoms)
- Increased risk of developing blood clots; blood clots in the legs or arms (DVT) can cause pain and swelling; blood clots to the lungs (pulmonary embolus) can interfere with breathing and getting oxygen to the body; blood clots in the arteries of the heart can cause heart attacks; blood clots in the arteries of the brain can cause a stroke. Blood clots to the lungs, heart or brain could result in death.
- Possible increased risk of having cardiovascular disease, a heart attack or stroke. This risk may be higher if you smoke cigarettes, are over 45, or if you have high blood pressure, high cholesterol, diabetes, or a family history of cardiovascular disease.
- Possible increase in blood pressure; this might require medication for treatment.
- Possible increased risk of developing diabetes
- Nausea and vomiting (like morning sickness during pregnancy), especially when starting estrogen therapy
- Increased risk of gallbladder disease and gallstones
- Changes in blood tests for the liver; estrogen may possibly contribute to damage of the liver from other causes
- May cause or worsen headaches and migraines

- May cause elevated levels of prolactin (a hormone made by the pituitary gland); a few people on estrogen for hormone therapy have developed prolactinomas, a benign tumor of the pituitary gland that can cause headaches and problems with vision and cause other hormone problems
- May worsen depression or cause mood swings
- May increase the risk of breast cancer. The risk is probably higher than in people assigned male at birth but lower than in people assigned female at birth; the risk probably is related to how long you take estrogen therapy.

The Risks and Possible Side Effects of Androgen Blockers (Spironolactone)

- Increased urine production and needing to urinate more frequently; possible changes in kidney function
- A drop in blood pressure and feeling lightheaded
- Increased thirst
- Increase in the potassium in the blood and in your body; this can lead to muscle weakness, nerve problems and dangerous heart arrhythmias (irregular heart rhythm)

____ I have questions about the risks of hormone therapy.

____ My medical provider or a member of the medical team has answered my questions about the risks of hormone therapy.

____ I would like to discuss ways to help me quit smoking.

You understand that:

- Smoking may greatly increase the risks of taking hormone therapy, especially the risk of blood clots and cardiovascular disease. If you smoke, you should try to cut back or quit. If you have other risks for blood clots or cardiovascular disease, your provider may ask you to quit smoking before you start on hormone therapy.
- Taking estrogen in doses that are higher than recommended by your doctor will increase your risk of side effects and may not produce better feminizing effects.
- You will need to stop taking hormones for a few weeks before and after any surgery.
- Treatment with estrogen is expected to be lifelong; suddenly stopping estrogen treatment after you have been on it for a long time may have negative health effects
- You may choose to stop taking hormone therapy at any time or for any reason. You are encouraged to discuss this decision with your medical provider.
- Your provider may decrease the dose of estrogen or androgen blockers or stop prescribing hormone therapy 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 feminine or identify as female; your medical provider and/or a mental health provider can help you think about these other options.

You agree to:

- Take androgen blockers and/or estrogens 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 prescription drugs, dietary supplement, herbal or homeopathic drugs, or street 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 hormone therapy and discuss the evaluation of these conditions; inform your provider if you think you are having bad side effects from the medications.
- Keep regular follow up appointments; this may include appointments for mammograms and prostate exams
- 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 hormone therapy is safe and effective

_____ I have questions about my rights and responsibilities with taking hormone therapy

_____ My medical provider has discussed my questions and concerns with me

By signing this form you acknowledge that you have adequate information and knowledge to be able to make a decision about hormone therapy and that you understand the information your medical provider has given you. Based on this information:

_____ I choose to begin estrogen

_____ I choose to begin taking androgen blockers only

_____ I do not want to begin hormone therapy

Patient's name on health insurance

Patient's name, if different

Patient signature

Date

Provider name

Provider signature

Date