



INFORMED CONSENT FOR FEMINIZING THERAPY *For MALE TO FEMALE Transition*

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.

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.

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.

Expected Timeline for PERMANENT feminizing effects of HRT that will not go away, even if you decide to stop hormone therapy:

	Expected onset	Expected maximum effect
Decrease in testicular size <ul style="list-style-type: none"> The testicles will get smaller and softer 	3-6 mo	2-3 yr
Decreased sperm production (may be permanent) <ul style="list-style-type: none"> The testicles will produce less sperm, and you will likely become infertile (unable to get someone pregnant); how long this takes to happen and become permanent varies greatly from person to person 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 persons 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 natal female partner, you or your partner should still use birth control (e.g. condoms or some other method) 	Unknown	>3 years
Breast growth <ul style="list-style-type: none"> Breast growth and development. Breast size varies in all women; breasts can also look smaller if you have a broader chest. May increase the risk of breast cancer. The risk is probably higher than in natal men but lower than in natal women; the risk probably is related to how long you take estrogen therapy. 	3-6 mo	2-3 yr

Expected Timeline for TEMPORARY Feminizing effects of HRT –

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

	<i>Expected onset</i>	<i>Expected maximum effect</i>
Decreased spontaneous erections <ul style="list-style-type: none"> Decreased strength of erections or inability to get an erection. The ejaculate will become thinner and watery and there will be less of it. 	1-3 mo	3-6 mo
Decreased libido	1-3mo	3-6 mo
Redistribution of body fat <ul style="list-style-type: none"> Weight gain. If you gain weight, this fat will tend to go to the buttocks, hips and thighs, rather than the abdomen and midsection, making the body look more feminine 	3-6 mo	2-3 yr
Decrease in muscle mass & strength <ul style="list-style-type: none"> Loss of muscle mass and decreased strength, particularly in the upper body 	3-6 mo	1-2 yr
Softening of skin/decrease oiliness <ul style="list-style-type: none"> Skin will become softer and acne may decrease 	3-6 mo	Unknown
Scalp and body hair <ul style="list-style-type: none"> Male pattern baldness of the scalp may slow down or stop, but hair will generally not regrow. The medication Finasteride may help with this. Familial scalp hair loss may happen if estrogens stopped. Facial and body hair will get softer and lighter and grow more slowly; usually, this effect is not sufficient, and most women will choose to have other treatments (electrolysis or laser therapy) to remove unwanted hair 	Variable	Variable
Inability to get/maintain erections <ul style="list-style-type: none"> If the ability to get/maintain erections is important to you, please let us know so we can plan your meds accordingly. 	Variable	variable
Mood changes <ul style="list-style-type: none"> Changes in mood or thinking may occur; you may find that you have increased emotional reactions to things. Some persons find that their mental health improves after starting hormone therapy. The effects of hormones on the brain are not fully understood. 	Variable	variable

Things that will NOT change on hormone therapy

Voice changes and bone structure

- Your Adam's apple will not shrink; the pitch of your voice will not automatically change. If desired, surgery can reduce the size of your Adam's apple and voice coaching may be helpful to raise your voice.
- Hormone therapy will not change the bone structure of the face or body. Surgery will be necessary to do this.

OTHER RISKS AND POSSIBLE SIDE EFFECTS OF ESTROGEN THERAPY

- 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.

- Nausea and vomiting (like morning sickness in a pregnant woman), especially when starting estrogen therapy
- May cause or worsen headaches and migraines
- May cause elevated levels of prolactin (a hormone made by the pituitary gland); a few persons 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

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). *Lab tests for potassium levels will be ordered for a few weeks after you start or change doses of spironolactone.*

THINGS THAT CAN AFFECT THE RISKS AND SIDE EFFECTS OF FEMINIZING THERAPY

- 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 provider 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 to decrease the risk of blood clots.
- 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.

My medical provider or a member of the medical team answered my questions about the effects, risks and possible side effects of estrogen and testosterone blockers.

Your responsibilities for your health care. 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. **We may refuse to refill your meds if you are not getting regular visits as we had agreed upon.**
- 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. **We may refuse to refill your meds if you don't get your labs done as we had agreed upon.**
- Please contact us at least 48 hours before you need a medication refill (more if it is over a weekend). **We cannot guarantee refills will be granted with less notice.**

_____ I understand my responsibilities with taking hormone therapy and I agree to comply with them.

By signing this form, I am saying that I have adequate information and knowledge to be able to make a decision about hormone therapy and that I understand the information my medical provider has given me. Based on this information:

_____ I choose to begin estrogen and androgen blocker therapy together

_____ I choose to begin estrogen therapy only

_____ I choose to begin androgen blocker therapy only

_____ I do not want to begin hormone therapy

My name on health insurance

My preferred name, if different

My signature

Date

Provider signature

Date