



INFORMED CONSENT FOR TESTOSTERONE THERAPY *For Female to Male 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.

Testosterone is used to masculinize the body, to reduce the female features and increase masculine features. Your medical provider will determine the form of testosterone (shots, gels or creams, patches, implanted pellets) and the dose that is best for you based on your personal needs and wishes as well as any medical or mental health conditions you might have.

Each individual person responds to testosterone differently, and it is difficult to predict how each person will respond.

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.

Expected timeline of PERMANENT masculinizing effects of testosterone therapy that will not go away, even if you decide to stop testosterone treatment

<i>Effect</i>	<i>Onset in months</i>	<i>Maximum in years</i>
Clitoral enlargement <ul style="list-style-type: none"> This varies greatly between individuals 	3-6 mo	1-2 yr
Facial/body hair growth <ul style="list-style-type: none"> Increased growth, thickening and darkening of hair on the body and growth of facial hair. 	6-12 mo	4-5 yr
Scalp hair loss <ul style="list-style-type: none"> Possible hair loss at the temples and crown of the head (male pattern baldness) with possible complete baldness. A lot depends on heredity. This can be partially controlled/prevented by the use of the medication called finasteride. 	6-12 mo	-
Deepening of voice	6-12 mo	1-2 yr

Expected timeline of TEMPORARY masculinizing effects of testosterone therapy **Changes that are NOT PERMANENT and will likely reverse if hormone therapy is stopped**

<i>Effect</i>	<i>Onset in months</i>	<i>Maximum in years</i>
Fat redistribution <ul style="list-style-type: none"> Possible weight gain. If you gain weight, this fat will tend to go to the abdomen and mid-section, rather than the buttocks, hips and thighs, making the body look more masculine. 	1-6 mo	2-5 yr
Skin oiliness/acne <ul style="list-style-type: none"> Skin changes, including acne that may be severe. This is often dose related. 	1-6 mo	1-2 yr

Effect	Onset in months	Maximum in years
Periods stop (usually within a few months of starting testosterone) <ul style="list-style-type: none"> • 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. Although some transmen can get pregnant after stopping testosterone, not all can. You should assume that you will not necessarily be able to. If you want to have a biological child, consider choosing to harvest and bank eggs before starting on testosterone therapy. • Testosterone is not reliable birth control, however. Even if your periods stop, you could get pregnant; if you are having penetrative sex with a natal/CIS male partner, you should discuss using some form of birth control with us. • If you do get pregnant while taking testosterone, the high levels of testosterone in your system may cause harm and even death to the developing fetus • Other effects of testosterone on the ovaries and on developing eggs are not fully known 	2-6 mo	
Vaginal atrophy <ul style="list-style-type: none"> • The lining of the cervix and walls of the vagina may become more dry and fragile; this may cause irritation and discomfort; it also may make you more susceptible to sexually transmitted infections and HIV if you have unprotected penetrative sex. There are estrogen products that can be used in the vaginal area to help with this and will not affect your transition at all. 	3-6 mo	1-2 yr
Increased muscle mass/strength & upper body strength	6-12 mo	2-5 yr
Mood & energy changes <ul style="list-style-type: none"> • Changes in mood or thinking may occur; you may find that you have a decreased emotional reaction to things and possible increased feelings of anger or aggression. Some persons find that their mental health improves after starting hormone therapy. The effects of hormones on the brain are not fully understood. • Trans men on T therapy often report feeling of more physical energy 	variable	
Increased sex drive	variable	

Other Possible Risks and Side Effects of Testosterone Therapy

- Some trans men, after being on testosterone for a number of months, may develop pelvic pain; often this will go away after some time, but it may persist; the cause of this is not known
- 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)
- Substantial weight gain can increase the risk of developing diabetes
- Increased appetite and increased weight gain from both muscle and fat
- Increased risk of sleep apnea (breathing problems while you are sleeping), more likely to happen when there is excessive weight gain.
- An increase in the hemoglobin and hematocrit (the number of red blood cells); if this increases to levels higher than is normal in males, it may cause problems with circulation, such as blood clots, strokes and heart attacks
- Increased sweating

- Weakening of tendons and increased risk of injury. Make sure you increase exercise in a gradual matter and do stretches before exercising.
- Possible increase in frustration, irritability or anger; possible increased aggression and worsened impulse control
- Possible worsening of bipolar disorder, schizophrenia and psychotic disorders or other unstable moods

____ My medical provider of a member of the medical team answered my questions about the risks and possible of testosterone.

Your responsibilities for your health care. You agree to:

- Take your 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 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.**
- Get other testing done as recommended such as pap tests and mammograms if you still have the body parts in question.
- 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 make sure 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 testosterone therapy

____ I do not want to begin testosterone therapy

My name on health insurance

My preferred name, if different

My signature

Date

Provider signature

Date