



**Desert AIDS Project**  
care :: prevention :: advocacy

## Consent Form for Patient Considering Feminizing Hormones

Date: \_\_\_\_\_

Individual's Legal Name: \_\_\_\_\_

Individual's Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

You are considering taking feminizing hormones, so you should learn about some of the risks, expectations, and long-term considerations, associated with taking feminizing hormones.

It is very important to remember that everyone is different, and that the extent of, and rate at which your changes take place depend on many factors. These factors include your genetics, the age at which you start taking hormones, and your overall state of health.

It is also important to remember that because everyone is different, your medicines or dosages may vary widely from those of your friends, or what you may have read in books or online. Many people are eager for changes to take place rapidly: Please remember that you are going through a second puberty, and puberty normally takes several years for the full effects to be seen. Taking higher doses of hormones will not necessarily make things move more quickly; it may, however, endanger your health.

The goal of this form is to review the potential risks and benefits associated with the use of feminizing hormones.

- A.** The full medical effects and safety of hormone therapy are not fully known. Potential adverse effects may include, but are not limited to:
- Skin and hair changes (may become drier and thinner; pores may become smaller with less oil production; more prone to bruising or cuts; changes in temperature and pain perception; change in the odor of sweat and urine; hair on body may decrease in thickness, grow at slower rate, and may not go away).
  - Increased or decreased cholesterol and/or fats in the blood, which may increase risk for heart attack or stroke.
  - Increased levels of potassium in the blood, which may cause abnormal heart rhythms.
  - Increased risk of the following:

- Blood clots, (deep venous thrombosis, pulmonary embolism)
- Breast tumors/cancer
- Heart disease, arrhythmias, and stroke
- High blood pressure
- Liver inflammation
- Pituitary tumors (tumor of small gland in the brain which makes prolactin)
- Decreased number of red blood cells (anemia);
- Acne (if progesterone is used)
- Increased or decreased sex drive and sexual functioning
- Psychiatric symptoms such as depression and suicidal feelings, anxiety, psychosis (disorganization and loss of touch with reality), and worsening of pre-existing psychiatric illnesses.

Patient Initials\_\_\_\_\_

**B. Some side effects from hormones are irreversible and can cause death.**

Patient Initials\_\_\_\_\_

**C. The risks for some of the above adverse events may be INCREASED by**

- Pre-existing medical conditions
- Pre-existing psychiatric conditions
- Cigarette smoking
- Alcohol use

Patient Initials\_\_\_\_\_

**D. Irreversible body changes resulting from hormone therapy may include, but are not limited to:**

- Breast growth (small “buds” developing beneath the nipples, may be slightly painful and uneven between the right and left side, development is variable from person to person)
- Decreased bone density (if you have an orchiectomy, which is removal of the testicles, or genital reassignment surgery, you will be able to take a lower dose of hormones. However, it is important to remain on at least a low dose of hormones post-op until at least age 50 years old, to prevent a weakening of the bones, otherwise known as osteoporosis)
- Fat redistribution (fat may collect around hips and thighs; less muscle definition and smoother in appearance; decrease in muscle mass and strength; and may gain or lose weight depending on diet, lifestyle, genetics, and starting weight and muscle mass).
- Genital changes (i.e. smaller testes & penis)
- Higher pitch of voice
- Infertility

- Must assume that within a few months of beginning hormone therapy, you will become permanently and irreversibly sterile.
- While some people may be able to maintain a sperm count on hormone therapy, or have their sperm count return after stopping hormone therapy, you must assume that this will not be the case for you.
- If you think that there might be any chance that you may in the future want to plan a pregnancy using your own sperm, you should speak to your provider about preserving your sperm in a sperm bank.
- This process generally takes 2-4 weeks and costs between roughly \$2,000-\$3,000. You should store your sperm before beginning any hormone therapy.
- If you are on hormones but will remain sexually active with a person who is able to become pregnant, you should always continue to use a birth control method to prevent unwanted pregnancy.

Patient Initials\_\_\_\_\_

My signature below constitutes my acknowledgement of the following:

- My medical provider has discussed with me the nature and purpose of hormone therapy; the benefits and risks, including the risk that hormone therapy may not accomplish the desired objective; the possible or likely consequences of hormone therapy; and all feasible alternative diagnostic or treatment options.
- I have read and understand the above information regarding the hormone therapy, and accept the risks involved.
- I have had sufficient opportunity to discuss my condition and treatment with the medical provider, nursing staff, and/or other Desert AIDS Project staff, and all of my questions have been answered to my satisfaction.
- I believe I have adequate knowledge on which to base an informed consent to the provision of hormone therapy.
- I authorize and give my informed consent to the provision of hormone therapy.

**I have reviewed the above information with my provider. I understand the foregoing information about feminizing hormone usage, and I hereby consent to the prescription use of feminizing hormones.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

\* Adapted from: *Primary Care Protocol for Transgender Patient Care*, Center of Excellence for Transgender Health, University of California, San Francisco, Department of Family and Community Medicine, April 2011; *Protocols for the Provision of Hormone Therapy*, Callen Lorde Community Health Center, New York, NY, 2012; *Adult Gender Services*, Program in Human Sexuality, Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN; *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (7<sup>th</sup> Ed)*, The World Professional Association for Transgender Health, 2012.