Desert AIDS Project

care :: prevention :: advocacy

Consent Form for Patient Considering Masculinizing Hormones

Date: ______________________

Individual's Legal Name: ______________________

Individual's Preferred Name: ______________________

Date of Birth: ______________________

You are considering taking testosterone, so you should learn about some of the risks, expectations, long-term considerations, and medications associated with transition from female to male.

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. Excess testosterone can be converted to estrogen, which can then increase your risks of hyperplasia or cancer, as well as make you feel anxious or agitated, can harm your liver, and can cause your cholesterol or blood count to get too high.

The goal of this form is to review the potential risks and benefits associated with the use of masculinizing 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 thicker and oily; pores may become larger with more oil production; changes in temperature and pain perception; change in the odor of sweat and urine; may sweat more overall; hair on body may increase in thickness, become darker, and grow at faster rate; may notice some degree of male pattern balding; beards may grow).

- Increased cholesterol and/or fats in the blood, which may increase risk for heart attack or stroke
- Increased number of red blood cells (increased hemoglobin), which may cause headache, dizziness, heart attack, confusion, visual disturbances, or stroke
- Acne
- Men on average live about 5 years less than women, and you may be shortening your lifespan by several years by taking testosterone.
- Increased risk of the following:
  - Heart disease and stroke
  - High blood pressure
  - Liver inflammation
- 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:

- Deepening of voice
- Development of facial & body hair
- Fat redistribution (fat may diminish somewhat around hips and thighs; more muscle definition and a slightly rougher appearance; may cause to gain fat around the abdomen; increase in muscle mass and strength with exercising 4-5 times a week with 30 minutes daily of cardio/aerobics and at least mild weight training; and may gain or lose weight depending on diet, lifestyle, genetics, and starting weight and muscle mass)
- Male pattern baldness
- Genital changes (i.e. enlargement of clitoris & labia, vaginal dryness)
- Increased bone density
- Infertility and reproductive issues

- Periods may become lighter, arrive later, or are shorter in duration and some may notice heavier or longer periods for a few cycles before they stop altogether.
- Testosterone greatly reduces your ability to become pregnant. However, it does not eliminate the risk of pregnancy completely. If you are on testosterone and remaining sexually active with a non-transgender man, you should always continue to use a birth control method to prevent unwanted pregnancy.
- Testosterone therapy may change the shape of your ovaries and make it more difficult for them to release eggs. If this happens, you may need to use fertility drugs, or use techniques such as in vitro fertilization in order to become pregnant. It is possible that after taking testosterone, you may completely lose the ability to become pregnant. “Freezing” eggs is not yet a realistic alternative for preserving your fertility.
- Report any bleeding or spotting to your provider and in some cases, it must be followed up with an ultrasound to be sure that you do not have a precancerous condition called “hyperplasia”. The risk of developing hyperplasia while taking testosterone is not clear but your provider may recommend screening for hyperplasia as long as you have your uterus.
- Your risk of cervical cancer relates to your past and current sexual practices. Pap smears are generally recommended every two years; more or less frequent pap smears and HPV vaccine (Gardasil) may be recommended by your provider, depending on your sexual history and the results of your prior pap smears.
- The risk of cancer of the ovaries may be slightly increased while on testosterone treatment. Ovarian cancer is difficult to screen for, and most cases of ovarian cancer are discovered after it is too late to be treated. A pelvic examination is recommended every 1-2 years to help detect this condition. Many experts recommend a full hysterectomy and bilateral salpingo-oopherectomy (removal of the uterus, ovaries, and fallopian tubes) within 5-10 years of beginning testosterone treatment in order to minimize your cancer risk.
- The risk of breast cancer while on testosterone treatment is not significantly increased. However, there has not been enough research on this topic to be certain of the actual risk. It is still important to receive periodic mammograms or other screening procedures as recommended by your provider. After breast removal surgery, there is still a small amount of breast tissue left behind. It may be difficult to screen this small amount of tissue for breast cancer, though there are almost no cases of breast cancer in transgender men after chest reconstruction surgery.

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 masculinizing hormone usage, and I hereby consent to the prescription use of masculinizing 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 (7th Ed)*, The World Professional Association for Transgender Health, 2012.