

SPECIFIC INFORMED CONSENT FOR HORMONE THERAPY FOR
WOMEN OF TRANSGENDER EXPERIENCE (UNDER 18 YEARS OLD)



Medical Record No: _____

Consent Form

PATIENT NAME: _____

BIRTH OF DATE: _____

Initiation of Care

Hormone therapy is an important component of transition for some transgender clients, changing secondary sex characteristics to affirm a gender presentation that is consistent with their gender identity. While there are risks associated with taking feminizing/masculinizing medications, when appropriately prescribed they can greatly improve quality of life and psychological well-being. The goal of this consent form is to review the potential risks and benefits associated with use of hormone therapy.

- A.** The full medical effects and safety of hormone therapy are not fully known. Potential adverse effects may include, but are not limited to:
- **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**
 - **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.**
- B.** Some side effects from hormones are irreversible and can cause death.

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

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

D. Irreversible body changes (potential increases with length of time on hormones) resulting from hormone therapy may include, but are not limited to:

- Breast growth
- Decreased bone density
- Fat redistribution
- Genital changes (i.e., smaller testes & penis)
- Infertility

E. 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 met with a provider for education and support regarding hormone therapy
- I have received a list of community services and resources for people of transgender experience
- I have had sufficient opportunity to discuss my condition and treatment with the medical provider, nursing staff, and/or other 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

Signature of Client:

Date:

Legal Name of the Client (Printed):

Signature of Parent/Guardian:

Date:

Name of Parent/Guardian (Printed):

Medical Provider's Name: