

SPECIFIC INFORMED CONSENT FOR HORMONE THERAPY FOR MEN OF TRANSGENDER EXPERIENCE



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 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**
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 - **Blood clots, (deep venous thrombosis, pulmonary embolism);**
 - **Heart disease, arrhythmias, and stroke;**
 - **High blood pressure**
 - **Liver inflammation**
 - **Increase in number of red blood cells (increased hemoglobin), which may cause headache, dizziness, heart attack, confusion, visual disturbances or stroke**
 - **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
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- D.** Irreversible body changes (potential increases with length of time on hormones) resulting from hormone therapy may include, but are not limited to:
- a. Increased bone density
 - b. Fat redistribution
 - c. Genital changes (i.e., enlargement of clitoris & labia, vaginal dryness)
 - d. Development of facial & body hair
 - e. Male pattern baldness
 - f. Deepening of Voice
 - g. Infertility
- E.** My signature below constitutes my acknowledgement of the following:
- a. 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
 - b. I have read and understand the above information regarding the hormone therapy, and accept the risks involved
 - c. I have met with a provider for education and support regarding hormone therapy
 - d. I have received a list of community services and resources for people of transgender experience
 - e. 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
 - f. I believe I have adequate knowledge on which to base an informed consent to the provision of hormone therapy
 - g. 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 Witness:

Date:

Name of Witness (Printed):

Medical Provider's Name: