

Informed Consent for Feminizing Hormone Therapy

For _____ Date of Birth: _____ Name Used: _____
Patient Name as listed in chart Name if different from chart

This form will assist you (and your guardian) to think through the expected effects of hormone therapy including possible unwanted side effects. You are encouraged to talk about this treatment with your medical provider and decide if hormone therapy is right for you (your child). By signing this form, you are stating that you have discussed the effects and risks of this medication with your medical provider or a member of the medical team and that you understand and accept these effects and possible risks. You (and your guardian) may ask questions and talk about any concerns you have related to this treatment at any time in this process.

Estrogen (usually estradiol) is used to feminize the body (make it look more traditionally female). This medical treatment will reduce some male features and increase some female features of the body. Androgen (testosterone) blockers further decrease the amount of and/or block the effect of testosterone and masculinization of the body. Your medical provider will help decide which form and the amount of estrogen (shots, pills, gels, patches) and androgen blockers (pills, gels, shots, implanted) that are best for you based on your personal needs and any medical or mental health conditions you might have.

Each person's body responds to estrogen differently and it is hard to promise or predict with certainty how each person may respond to treatment. Your medical provider will talk with you throughout the treatment and will help you achieve the best results safely. As part of this treatment, you agree to take the estrogen only as prescribed and to talk with your medical provider before making any changes in your medication dose.

Hormone therapy will not change some male/masculine features. A person's bone structure or height will not change. The Adam's apple will not shrink. The pitch of the voice will not automatically change. If necessary and appropriate, other treatments in addition to hormone therapy are available to help with these things.

Many years of experience in treating gender diverse people and accepted, published medical guidelines on hormone treatment inform the use of hormone therapy for gender confirmation/affirmation (transition) in this health center. Continuing research on hormone therapy provides us with more information on the safety and usefulness of hormone therapy to relieve gender dysphoria or incongruence when appropriate. Nonetheless, medicine does not fully understand the long-term effects of estrogen therapy across the lifespan.

Read the following information and initial each section where indicated once you are sure you (your guardian) understand the information and your questions have been answered to your satisfaction.

The Expected Effects of Feminizing Hormone Therapy

The feminine changes in the body may take several months to become noticeable and usually take up to 3 to 5 years to be complete.

Changes from taking estrogen that will be PERMANENT; they will not go away or go back to the way your body looked before treatment, even if you decide to stop taking estrogen or take a lower amount:

- Breast growth and development. Breast size varies across all women. Some of this is genetic and somewhat predictable based on the size of the breasts of a mother, sisters, or aunts. Breasts may look smaller on a broad chest. If you stop taking estrogen your breasts may shrink some but will not go away completely.

_____ (initials) My (my child's) medical provider or member of the medical team has answered my questions about the effects of estrogen. _____ (initials) Provider _____ Date discussed

Changes that are NOT PERMANENT and will likely return to the way your body looked or worked before treatment with estrogen:

- The testicles will get smaller, softer, and will produce less sperm
- The ability to get someone pregnant may decrease significantly or stop (infertility). The time this takes and whether infertility becomes permanent varies greatly from person to person. Fertility may or may not return after stopping estrogen.
- Loss of muscle mass and decreased strength, particularly in the upper body
- Decreased metabolism and weight gain. If you gain weight, the fat will tend to increase in the buttocks, hips, and thighs in a more typically feminine/female body pattern.
- Skin may become softer and existing acne may decrease
- Facial and body hair will get softer and lighter and grow more slowly, but will not go away
- Male pattern baldness on the scalp may slow down or stop, but hair may not regrow
- Sex drive may decrease from a little to a significant amount
- Decreased strength of erections or inability to get an erection. The ejaculate will become thinner and watery and there will be less of it.
- Changes in mood or thinking may occur; some people may feel increased emotional reactions and others may feel more balanced or less emotional.

_____ (initials) My (my child's) medical provider or member of the medical team has answered my questions about the effects of estrogen. _____ (initials) Provider _____ Date discussed

Risks and Possible Side Effects of Estrogen Therapy

- Brain structures respond differently to testosterone and estrogen and current medical science does not fully understand these responses. Taking estrogen therapy may have long-term effects on the functioning or structure of the brain that are impossible to predict.
- Loss of fertility (unable to get someone pregnant). Even after stopping hormone therapy, may not come back. How long and whether this becomes permanent is difficult to predict. Some people choose to bank some of their sperm before starting hormone therapy.
- Possible increased risk of developing blood clots. Risks are uncertain overall, with higher risks in those with a family or personal risk of blood clots, and those using high doses of or some forms of estrogen (i.e., Premarin). Other research shows lower risks with other forms of estrogen (patches). Additional increased risks occur if you smoke, are exposed to, or use tobacco while taking estrogen therapy. Risks include developing blood clots in the legs or arms (DVT); blood clots in the lungs (pulmonary embolus); blood clots in the arteries, including the arteries of the brain. Blood clots to the lungs, heart, or brain could result in death.
- Possible increased risk of developing cardiovascular disease, a heart attack, or stroke. This risk may be higher if you use tobacco products, are over age 45, or already have high blood pressure, high cholesterol, diabetes, or a family history of cardiovascular disease, and if you have low physical activity.
- Possible increase in blood pressure requiring treatment with medication.
- Possible increased risk of developing diabetes. Limited research found an increase in insulin resistance in trans-feminine people taking estrogen therapy. The effect of hormone therapy on the risks of developing or management of diabetes remains unclear.
- Possible nausea and vomiting, especially when starting on estrogen therapy
- Possible increased risk of gallbladder disease and gallstones
- Estrogen may lead to liver inflammation and/or contribute to existing liver damage

- May cause or worsen headaches and migraines. Migraine headaches have a clear hormonal element. Estrogen may increase the intensity or frequency of migraines.
- May cause elevated levels of prolactin (a hormone made by the pituitary gland); a few persons on estrogen for hormone therapy have developed prolactinomas, a benign tumor of the pituitary gland that can cause headaches and problems with vision and cause other hormone problems
- The effect of starting estrogen therapy on mental health conditions is unknown. Some people may feel their mental health and social comfort increases and others may feel it declines. There is no clear evidence that estrogen therapy is directly responsible for causing or making worse any mental health conditions. If you have a history of depression, anxiety, or other mental health diagnoses, discuss these with the clinic staff to explore modifications to hormone therapy and other supports and services are best to meet your needs.
- Risks of breast cancer are unclear. The risk may be higher than in non-transgender men and lower than in non-transgender women. Risk factors include family and genetic history of breast cancer, length of time on estrogen therapy, age when starting estrogen therapy, and exposure to progesterone.

_____ (initials) My (my child's) medical provider or member of the medical team has answered my questions about the effects of estrogen. _____ (initials) Provider _____ Date discussed

Risks and Possible Side Effects of Androgen Blockers (Spironolactone)

- Increased urine production and needing to urinate (i.e., pee) more frequently; possible changes in kidney function
- A drop in blood pressure and feeling lightheaded, especially when standing up from sitting or lying down
- Increased thirst
- Increase in the potassium in the blood and in your body; this can lead to muscle weakness, nerve problems and dangerous heart arrhythmias (irregular heart rhythm)
- If used without estrogen therapy, androgen blockers may cause hot flashes and low mood or energy.
- Long-term use of androgen blockers to block fully testosterone without additional hormone therapy may result in bone loss.

_____ (initials) My (my child's) medical provider or member of the medical team has answered my questions about the effects of androgen blockers. _____ (initials) Provider _____ Date discussed

You understand that

- Smoking, inhaling second-hand smoke, and use of tobacco products may greatly increase the risks of taking feminizing hormone therapy, especially the risk of blood clots and cardiovascular disease. If you smoke or use tobacco products, you should work to cut down or quit. Your provider may ask you to quit smoking before you start on hormone therapy.

_____ I would like to discuss ways to help me quit smoking or use of tobacco products.

- Estrogen therapy may not prevent unplanned pregnancy. Estrogen therapy is not a method of birth control. There is no way to predict when or if a person will become infertile (unable to get someone pregnant) when taking hormone therapy. Other birth control methods will be necessary (condoms, oral contraceptives, etc.) to prevent pregnancy if you are having any type sex that could result in a pregnancy.
- Estrogen therapy will not prevent you or anyone from getting or passing on HIV or any sexually transmitted illness.
- Taking estrogen in doses that are higher than recommended by your doctor will increase your

risk of side effects and does not produce better or faster feminizing effects.

- If you want or need surgery in the future, you may need to stop taking hormones for a few weeks before and after surgery. The surgeon will determine when this is necessary.
- If you develop enough breast tissue and are over the age of 50, your provider will recommend regular breast examinations and breast cancer screenings the same as for non-transgender women.
- Estrogen therapy for gender-affirmation is typically a lifelong treatment. Suddenly stopping estrogen treatment after you have been on it for a long time may have negative health effects.
- You may choose to stop taking estrogen therapy at any time or for any reason. Some people, based on their medical needs, may also need to decrease and/or stop estrogen therapy as they age in a way like menopause in non-transgender women. Discuss any changes to or stopping of hormone treatment with your medical provider so you can plan a safe way of slowly reducing your medication before stopping it completely.
- Your provider may decrease the dose of estrogen or androgen blockers or stop prescribing hormone therapy because of medical reasons and/or safety concerns; you can expect that the medical provider will discuss the reasons for all treatment decisions with you.
- Hormone therapy is not the only way that a person may appear more feminine and live as a female; your medical provider and/or a mental health provider can help you think about these other options.

_____ (initials) My (my child's) medical provider or member of the medical team has answered my questions feminizing hormone therapy. _____ (initials) Provider _____ Date discussed

You agree to

- Take androgen blockers and/or estrogens 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; this may include appointments for mammograms and prostate exams
- 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 ensure that your hormone therapy is safe and effective

_____ (initials) My (my child's) medical provider or member of the medical team has answered my rights and responsibilities while taking feminizing hormone therapy. _____ (initials) Provider _____ Date discussed

By signing this form, you acknowledge that you and/or your legal guardian(s) have adequate information and knowledge to be able to make an informed decision about hormone therapy and that you understand the information your medical provider has given you. Based on this information (chose one):

I _____, _____ choose to start feminizing hormone
Patient's name listed on insurance or chart

F E N W A Y  H E A L T H

therapy. —OR— _____ do not want to start hormone therapy for feminizing my body.

If I choose (choose for my child) to start feminizing hormone therapy, I agree to have (to bring my child for) regular physical examinations and blood tests to make sure that I am (my child is) not having a bad reaction to the prescribed medications. I understand that this is required to continue hormone therapy at this clinic. _____ (initials) Patient/guardian _____ Provider _____ Date

Patient signature (name in chart) Date

Patient's name used, if different from chart

Patient's Date of Birth

Parent/Guardian signature (1) Date

Parent/Guardian Signature (2) Date

Parent/Guardian signature (1) PRINTED

Parent/Guardian Signature (2) PRINTED

Provider signature

Date

Provider name PRINTED