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| MR #: \_\_\_\_\_\_\_\_\_\_\_Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_ \_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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INFORMED CONSENT FOR FEMINIZING HORMONE THERAPY

Treatment: Hormones (like estrogen) and Anti-Androgens (blockers of male hormones)

 TRANS FEMININE SPECTRUM (Male to Female)

Please write your initials next to each number to show you understand and agree with each statement.

1. I understand that everyone is different and the changes and risks from taking hormones that are listed below may be different for different people.
2. I have been told that the feminizing effects of hormone therapy can take several months to years to become noticeable and several years to be complete. The changes below will be **permanent**:
3. Development of breasts: This may take many years. Breasts naturally grow to be different sizes. One person's breast development may not be the same as another person's. If hormone therapy is stopped, breasts may get smaller, but breast development will not completely stop.
4. Changes in fertility and sperm production: Hormone therapy may affect your ability to make sperm, and you may lose your ability to make a woman pregnant.
5. These are other changes from taking hormone therapy. These changes will happen if I take hormone therapy, but *most likely* they will not be permanent if I stop taking it:
6. Male pattern balding stops or slows (but hair that was already lost will not grow back)
7. Skin gets softer.
8. Facial and body hair will probably keep growing like it did before taking hormone therapy, but in some cases facial and body hair may start growing more slowly, and it may appear finer or lighter.
9. Body fat moves from your stomach to your hips, thighs, and butt.
10. Sex drive and orgasms may also change.
11. Mood changes may happen ON hormone therapy and may continue if you STOP hormone therapy.
	1. I understand that hormone therapy may cause or contribute to depression. If I have a history of depression, I will discuss this with my provider to explore treatment options.
	2. I understand that the effects of hormone therapy will not protect me from sexually transmitted diseases or HIV so I should always use condoms.
	3. Because hormone therapy will cause me to grow breasts, I understand that I will need to do monthly breast self- examinations for breast cancer and have an annual medical exam. My provider may suggest mammograms.
	4. I understand that hormone therapy will decrease male hormones that help me keep the size and function of testicles. Because of this hormone therapy may then affect sexual functioning and fertility. This means I may not be able to get a woman pregnant. The changes that may occur include:
		1. Penis, testicles and scrotum may get smaller.
		2. The amount and quality of erections and ejaculation may decrease or stop entirely.
		3. Sperm may still be present in the testicles, but may stop maturing which may cause infertility. It is possible that I may not be able to get a woman pregnant.
		4. If I stop hormone therapy, the ability to make healthy, mature sperm may not ever return.
	5. I understand that taking hormone therapy can significantly increase the risk of blood clots in the legs or elsewhere which can result in:
		1. Death
		2. Deep vein thrombosis (clot which forms deep in a muscle or blood vessel)
		3. Pulmonary embolism (blood clot to the lung, which can cause permanent lung damage or death)
		4. A stroke, which may result in permanent brain damage, blindness, paralysis, difficulty talking or death.

#### The risk for these events can be made worse if you already have certain medical conditions such as high blood pressure or other diseases that run in families. You also may be more at risk if you use illegal drugs or smoke.

* 1. I understand that the risk of blood clots, heart attack, and stroke on hormone therapy is higher if I use tobacco, especially if I am over the age of 35.I have been informed that my medical provider can offer me several options to help me quit smoking. Although this is not required, it is HIGHLY encouraged.

10) Iunderstand that if I take hormone therapy it will cause me to produce more of a different hormone called prolactin. My provider will keep track of my prolactin level. An abnormal rise in prolactin can cause a brain tumor and may mean that I have to stop hormone therapy and treat the tumor.

11) I understand that the most dangerous side effects from hormone therapy occur if I smoke cigarettes, am overweight, am over 35 years old or have a history of blood clots, high blood pressure or estrogen-related

 cancer. I understand that my provider may stop or adjust my hormone therapy if concerns or complications come up which can harm my physical or mental health.

12) I understand that hormone may increase the chance of migraine headaches. This may be a reason for me to

 choose to stop hormone therapy, or may be a reason for my provider to take me off hormone therapy.

13) I understand that hormone therapy may cause changes in my cholesterol. Often this is influenced by what I eat and my genetics. My provider may recommend that we treat my high cholesterol with diet changes or medication.

14) I understand that hormone therapy can cause abnormal changes to potassium blood levels which can cause abnormal heart rhythms. My provider will monitor this at appointments.

15) I agree to tell my medical provider about any hormones, dietary supplements, herbs, recreational drugs or medications I might be taking. I also understand that any of the above items may harm my health and could cause problems with my hormone therapy. I have been informed that the health center staff will continue to provide me with medical care, regardless of what information I share with them.

1. I agree to take hormone therapy and all other transition-related medications as prescribed, and I agree to tell my provider of any problems or if I don’t feel like I am meeting my transition goals.
2. I understand that I can choose to stop taking hormone therapy at any time. I also understand that my provider can stop treatment for health reasons.
3. I understand that taking hormones for gender transition requires regular medical visits and routine lab work. The schedule has been explained to me. If I am not able attend these visits, my provider may stop my hormone therapy or there may be a delay in getting a refill.
4. The Institute for Family Health provides medical and related transition services using an informed consent model. I understand that this means the following:
	1. I have been given information about the risks and benefits of hormone therapy.
	2. I understand this information well enough to receive these services.
	3. I have been provided with a list of community and extra resources for support and more information.
	4. I have had the opportunity to ask my medical provider questions, and I understand his/her answers.
	5. I have had the opportunity to meet with the transgender intake specialist for support, resources and evaluation.

**My signature below indicates that I authorize and give my informed consent to begin hormone therapy.**

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