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

##

INFORMED CONSENT FOR MASCULINIZING HORMONE THERAPY

Treatment: Testosterone

 TRANSMASCULINE SPECTRUM (Female to Male)

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

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| \_\_\_\_ 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 masculinizing effects of testosterone can take several months to years to become noticeable and few years to be complete. The changes below will be **permanent**:1. Head hair loss: You will lose hair on the sides and top of your head (“male pattern baldness”).
2. Facial hair: Hair, like a beard or mustache, will grow on your face.
3. Voice: Your voice will get deeper.
4. Body hair: You will grow more body hair on places like your back, legs and butt. Your body hair will be thicker.
5. Female genitals: Your clitoris will get bigger.
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| \_\_\_\_ 3) | These are other changes from taking testosterone. These changes will happen if I take testosterone, but *most likely* they will not be permanent if I stop taking it:1. Body structure: body fat moves from your hips, thighs and butt to your stomach.
2. Muscles: Your muscles may get bigger.
3. More red blood cells: If you get blood work done, it will show that you have more red blood cells.
4. Mood and behavioral changes: You may have changes in your emotions like in puberty.
5. Sex drive: You may have a higher sex drive.
6. Appetite: You may feel hungrier.
7. Acne: You may get severe acne/pimples. This could cause scarring if you do not treat it.
8. Period/Menstruation: You will stop getting your period.
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| \_\_\_\_ 4) | I understand that I may still benefit from talking with my doctor about preventing cervical cancer and screening for breast cancer (pap smears and mammograms) if I have not had surgery to remove these parts of my body. |
| \_\_\_\_ 5) | I understand that taking testosterone may cause me to lose my ability to get pregnant (“infertility”). I may still be infertile even if I stop taking testosterone. |
| \_\_\_\_ 6) | I understand that even though I **may** lose my ability to get pregnant while taking testosterone, it’s possible I **will** still be able to get pregnant. My provider and I have talked about birth control. |
| \_\_\_\_ 7) | I understand that the dose of testosterone may be different for different people. My dose may be different from someone else’s dose. |
| \_\_\_\_ 8) | I understand that taking hormones for gender transition requires that I come in for regular medical visits and routine lab work. My provider explained the schedule to me. If I am not able attend these visits, my provider may stop my testosterone or there may be a delay in getting a refill. |
| \_\_\_\_ 9) | I understand that I will need to visit my provider at least every year to continue to have testosterone prescribed for me at the Institute for Family Health. If I do not come in every year, my provider can stop my refills. |
| \_\_\_\_ 10) | I understand that testosterone can increase my risk for getting diabetes, high blood pressure. It can also cause me to gain weight. The chance of this happening is higher if I already have these issuers if I have a family history of them. |
| \_\_\_\_ 11) | I understand that taking testosterone can actually increase the level of the estrogen already in my body. My provider will monitor the levels of estrogen in my blood. My provider will let me know if we need to make a change to my testosterone dose. |
| \_\_\_\_ 12) | 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. |
| \_\_\_\_ 13) | I agree to take my testosterone 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. |
| \_\_\_\_ 14) | 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. |
| \_\_\_\_ 15) | 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.
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**My signature below indicates that I authorize and give my informed consent to begin hormone therapy.**

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