



Allentown Women's Center

Informed Consent for Feminizing Hormone Therapy

This informed consent form refers to the use of estrogen and/or androgen antagonists (sometimes called "anti-androgens" or "testosterone blockers") by persons who wish to facilitate a more feminine gender presentation. The use of estrogen and/or androgen antagonists is also called feminizing hormone therapy. While there are risks associated with taking feminizing hormone therapy, when appropriately prescribed it can greatly improve mental health and quality of life.

You are asked to sign this form to show that you understand the changes that will occur with feminizing hormone therapy, as well as benefits and risks. If you have any questions or concerns about the information below, please talk with your healthcare provider or your HRT advocate so you can make an informed decision about your treatment. It is your right to seek another opinion if you want additional perspectives on any aspect of your care.

Effects of Feminizing Hormone Therapy

1. I have been informed that feminizing hormone therapy is used to reduce the male features and increase the feminine features of my body. The effects may take several months or longer to become noticeable.
2. The changes seen in my body may not be the same as other persons on feminizing hormone therapy, and the rate and degree of change cannot be predicted.
3. I understand that as soon as I start taking feminizing hormone therapy, I will begin to develop breasts. If hormone therapy is stopped, the breast tissue will remain, but decrease slightly. Once I develop breasts, I should follow the recommended screenings for breast cancer as advised by my healthcare provider.
4. I understand that the following changes will likely occur while taking feminizing hormone therapy, but will likely occur while taking feminizing hormone therapy, but will likely reverse if the feminizing hormone therapy is stopped:
 - Skin becomes softer
 - Decrease in muscle mass and upper body strength
 - Body hair growth becomes less noticeable and grows more slowly (but it will likely not stop completely even after years on feminizing hormone therapy)
 - Male pattern baldness slows down (but will probably not stop completely, and hair that has already been lost will likely not grow back).
 - Fat redistributes to a more feminine pattern
5. I understand that taking feminizing hormone therapy will make my testicles produce less testosterone, which can affect my overall sexual and reproductive function:
 - Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping feminizing hormone therapy.
 - The options for sperm banking have been explained to me. Even with decreased sperm production, I may still be able to make someone pregnant and I am aware of birth control options.
 - My testicles may shrink by 25-50%. Regular testicular examinations are still recommended.
 - The amount of fluid ejaculated may be reduced.

- There is typically decrease in morning and spontaneous erections.
- Erections may not be firm enough for penetrative sex.
- Libido (sex drive) may decrease

6. I understand that feminizing hormone therapy will *not* likely cause facial hair to go away (although it may be thinner), or my Adam's apple to shrink, or the pitch of my voice to heighten.

Risks of Feminizing Hormone Therapy

1. I have been informed of the known possible risks of feminizing hormone therapy which include but are not limited to the following:

- Blood clots in my legs, lungs or brain.
- Elevated blood pressure, heart problems (such as heart attack) and high cholesterol.
- Elevated prolactin levels (which may indicate a tumor on the pituitary gland)
- Diabetes
- Nausea/vomiting
- Migraine headaches
- Gallbladder disease
- Liver inflammation
- Depression
- Possible increased risk for breast cancer
- Osteoporosis (weakening of the bones)
- Changes in electrolytes in my blood (specifically, the anti-androgen spironolactone can cause an increase potassium which can cause life threatening heart problems).
- Death (rare) due to the above-named conditions or other unknown effects

2. I understand that if I experience any symptoms or have concerns about these risks while taking feminizing hormone therapy, I should be evaluated by my healthcare provider

3. I understand that some androgen antagonists make it more difficult to evaluate the results of PSA (prostate-specific antigen) test, which can make it more difficult to monitor prostate problems. I have been informed that when I am over 50, I should have my prostate evaluated every year.

4. I agree to follow the recommended dosage of feminizing hormone therapy as prescribed for me by my healthcare provider. I understand that taking more than is prescribed or taking additional hormones obtained elsewhere may compromise my health and lead to more serious side effects. Too much estrogen in my system may actually slow the results.

5. I have been informed that tobacco use can adversely affect my health and has been associated with an increased risk for blood clots, stroke, heart attacks and I high blood pressure especially when combined with estrogen. I understand that if I smoke, I should quit smoking before taking estrogen. I have been given information about how to get help to quit smoking.

6. I have been informed that taking any recreational drugs, dietary supplements, herbal supplements hormones other than those prescribed for me, or any other prescriptions may interact with my prescribed feminizing hormone therapy. I am aware that some of these interactions may cause adverse outcomes or even death. I agree to discuss with my healthcare provider any supplements or medications I am taking that were given to me elsewhere.

7. I understand that my healthcare provider may discontinue my feminizing hormone therapy for medical reasons and/or safety concerns. I understand that stopping feminizing hormone therapy may not reverse the changes that may have already taken place in my body. _____
8. I understand that feminizing hormone therapy will result in changes that will likely be noticeable by other people, and that some transgender people in similar circumstances have experienced harassment, discrimination, and violence. Others may have lost support of loved ones. I have been advised that referrals can be made for support and/or counseling if I feel this would be helpful at any point now or in the future. _____

Monitoring of Feminizing Hormone Therapy

1. I understand that my healthcare provider will need to monitor blood work and do routine physical exams as a part of my feminizing hormone therapy. I have been informed about the recommended frequency of these visits and I understand that if my healthcare provider does not feel it is safe for me to continue feminizing hormone therapy, it may be withheld until regular checkups and blood work can be done. _____
2. I understand that I may need to continue feminizing hormone therapy for the rest of my life in order to maintain the desired effects. _____
3. I have been informed that I can choose to withdraw my informed consent and discontinue feminizing hormone therapy at any time, but it is advised that I do this with the advice of my healthcare provider to make sure there are no negative effects to stopping. _____
4. I understand that feminizing hormone therapy for transitioning genders has not been researched in large clinical trials and the use of hormones is not approved by the FDA for transitioning genders. This means that most of the therapies recommended for gender transition are based on the experience of those in the medical field, not on evidence from research studies. Long term consequences of lifelong feminizing hormone therapy for gender transition are largely unknown. _____
5. I have been informed of the financial obligations associated with feminizing hormone therapy and hereby acknowledge that it is my responsibility to pay for hormone prescriptions and associated co-pays/fees for office visits with my healthcare provider and HRT advocate. _____

I believe I have adequate knowledge on which to base an informed consent to taking feminizing hormone therapy. Other options have been explained to me and I have had sufficient opportunity to discuss all of my questions with my healthcare provider and HRT advocate.

My signature below constitutes my acknowledgement and understanding of this informed consent form. I have completed the steps necessary as outlined in the AWC Hormone Protocol. I authorize and give my informed consent to the provision of feminizing hormone therapy.

Individual's Legal Name (printed): _____

Individual's Preferred Name (if different) (printed): _____

Individual's Signature: _____ Date: _____

Healthcare Provider's Signature: _____ Date: _____

