



Allentown Women's Center

Informed Consent for Masculinizing Hormone Therapy

This informed consent form refers to the use of testosterone by persons who wish to facilitate a more masculine gender presentation. The use of testosterone is also called "masculinizing hormone therapy". While there are risks associated with taking masculinizing 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 may occur from masculinizing hormone therapy as well as any 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 fully informed decisions about your treatment. It is your right to seek another opinion if you want additional perspectives on any aspect of your care.

Effects of Masculinizing Hormone Therapy

1. I have been informed that masculinizing hormone therapy is used to reduce the female features and increase the masculine 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 masculinizing hormone therapy, and the rate and degree of change cannot be predicted. Changes may not be complete for years.
3. I understand that the following changes will likely be permanent even if I stop taking masculinizing hormone therapy:
 - Lower voice pitch (i.e., voice becoming deeper).
 - Increased growth of hair, with thicker/coarser hairs, on arms, legs, chest, back, abdomen, buttocks, and inside my nose and ears.
 - Gradual growth of facial hair (sideburns, beard, mustache).
 - Hair loss at the temples and crown of the head (male pattern balding)
 - Increase in size of clitoris by several centimeters over several years
 - Growth spurt (which may occur if I have not completed puberty)
4. I understand that the following changes will likely occur but they may reverse if masculinizing hormone therapy is stopped (i.e., they may not be permanent)
 - Acne, which may be severe (permanent scarring may occur)
 - Fat redistribution to a more masculine pattern (decreased on buttocks/hips/thighs, increased in abdomen)
 - Increased muscle mass and upper body strength
 - Increased libido (sex drive)
 - Menstrual periods stop within several months of starting masculinizing hormone therapy

Risks of Masculinizing Hormone Therapy

1. I have been informed of the known possible risks of masculinizing hormone therapy, which include but are not limited to the following:
 - Increase in weight due to muscle mass and fat redistribution
 - Increased red blood cells that could lead to stroke or heart attack
 - Liver inflammation
 - Thyroid problems
 - Elevated prolactin levels (which may indicate a tumor on the pituitary gland)
 - Increase in blood pressure and cholesterol
 - Increased risk of heart disease, especially if it runs in my family
 - Headaches
 - Increased aggressiveness or irritability
 - Unknown effect on risk of breast, ovarian or uterine cancer (may increase)
 - Increase in blood sugar and/or insulin resistance (diabetes)
 - Vaginal irritation and/or increased risk for infection due to thinning of vaginal walls
 - Less reliable pap smear testing (a pap smear is used to detect cervical cancer)
 - Ovarian cysts and hypertrophy of endometrial tissue (the lining of the uterus) which may cause abdominal pain and unknown long term effects
 - Osteoporosis (weakening of the bones)
 - 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 masculinizing hormone therapy, I should be evaluated by my healthcare provider.
3. While on masculinizing hormone therapy, I will likely stop ovulating. I have been informed about the reproductive options available to me, including egg harvesting and storage. If eggs are harvested before I start masculinizing hormone therapy, they can be used later and will not be affected by the testosterone. I have been informed that medical research has not been conducted to determine the safety and efficacy of attempting to conceive a child after taking masculinizing hormone therapy for any amount of time. I am aware that while on masculinizing hormone therapy, I will likely surrender my ability to parent genetically related children unless I pursue egg preservation options first.
4. I have been informed that testosterone is a teratogenic agent, which means that if I would conceive a child while I have elevated levels of testosterone in my system, the testosterone could cause serious birth defects or even death for the fetus. If I would have unprotected intercourse that could lead to pregnancy, I understand the elevated testosterone levels in my system could pose a life threatening risk to an unborn fetus. I agree to discuss honestly with my healthcare provider about options for prevention of pregnancy if this applies to me.
5. I agree to follow the recommended dosage of masculinizing 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 testosterone in my system may actually slow the results.
6. I have been informed that tobacco use can adversely affect my health and has been associated with increased testosterone levels and therefore a higher risk for side effects such as heart attack, stroke, high blood pressure and cholesterol. I have been given information about how to get help to quit smoking.

7. I have been informed that taking any recreational drugs, dietary supplements, herbal supplements, and hormones other than those prescribed for me, or any other prescriptions may interact with my prescribed masculinizing hormone therapy. I agree to discuss with my healthcare provider any supplements or medications I am taking that were given to me elsewhere. _____
8. I understand that my healthcare provider may discontinue masculinizing hormone therapy for medical reasons and/or safety concerns. I understand that stopping masculinizing hormone therapy may not reverse the changes that may have already taken place in my body. _____
9. I understand the masculinizing 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 in the future. _____

Monitoring of Masculinizing Hormone Therapy

1. I understand that my healthcare provider will need to monitor blood work and do routine physical exams as part of my masculinizing hormone therapy, including chest and pelvic exams as appropriate, to maintain my overall health. 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 masculinizing hormone therapy, it may be withheld until regular checkups and blood work can be done. _____
2. I understand that I may need to continue masculinizing 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 masculinizing 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 masculinizing 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 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 masculinizing hormone therapy for gender transition are largely unknown. _____

I have been informed of the financial obligations associated with masculinizing 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.

I believe I have adequate knowledge on which to base an informed consent to taking masculinizing 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 masculinizing hormone therapy.

Individual's Legal Name (printed): _____

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

Individual's Signature: _____ Date: _____

Healthcare Provider's Signature: _____ Date: _____