



Informed Consent Form for Feminizing Medications

This form refers to the use of estrogen and/or androgen antagonists (sometimes called “anti-androgens” or “androgen blockers”) by persons in the male-to-female spectrum who wish to become feminized to reduce gender dysphoria and facilitate a more feminine gender presentation. While there are risks associated with taking feminizing medications, when appropriately prescribed they can greatly improve mental health and quality of life.

You are asked to initial the statements on this form to show that you understand the benefits, risks, and changes that may occur from taking feminizing medication. If you have any questions or concerns about the information below, please talk with the people involved in your care so you can make fully informed decisions about your treatment. It is your right to seek another opinion if you want additional perspective on any aspect of your care.

Please initial and date each statement.

Feminizing Effects

Patient Provider Date

1. ____ ____ __/__/__ I understand that estrogen, androgen antagonists, or a combination of the two may be prescribed to reduce male physical features and feminize my body.
2. ____ ____ __/__/__ I understand that the feminizing effects of estrogen and androgen antagonists can take several months or longer to become noticeable, and that the rate and degree of change can't be predicted.
3. ____ ____ __/__/__ I understand that if I am taking estrogen I will probably develop breasts, and:
 - Breasts may take several years to develop to their full size.
 - Even if estrogen is stopped, the breast tissue that has developed will remain.
 - As soon as breasts start growing, it is recommended to start doing monthly breast self-exam, and to have an annual breast exam by a clinician or nurse.
 - There may be milky nipple discharge (galactorrhea). This can be caused by taking estrogen or by an underlying medical condition. It is advised to check with a clinician to determine the cause.
 - It is not known if taking estrogen increases the risk of breast cancer.

Patient Provider Date

4. ____/____/____ I understand that the following changes are generally not permanent (that is, they will likely reverse if I stop taking feminizing medications):

- Skin may become softer.
- Muscle mass decreases and there may be a decrease in upper body strength.
- Body hair growth may become less noticeable and grow more slowly, but it will likely not stop completely even after years on medication.
- Male pattern baldness may slow down, but will probably not stop completely, and hair that has already been lost will likely not grow back.
- Fat may redistribute to a more feminine pattern (decreased in abdomen, increased buttocks/hips/thighs – changing from “apple shape” to “pear shape”).

5. ____/____/____ I understand that taking feminizing medications will make my testicles produce less testosterone, which can affect my overall sexual function:

- Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping taking feminizing medication. The options for sperm banking <http://www.fertilityoregon.com/lab/process.htm> have been explained to me. I understand that I may still be able to make someone pregnant and am aware of birth control options (if applicable).
- 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 there are some aspects of my body that are not significantly changed by feminizing medications:

- Beard/moustache hair may grow more slowly and be less noticeable, but will not go away.
- Voice pitch will not rise and speech patterns will not become more feminine.
- The laryngeal prominence (“Adam’s apple”) will not shrink.

Although feminizing medication does not change these features, there are other treatments that may be helpful. If there are any concerns about these issues, referrals can be provided to help explore treatment options.

Risks of Feminizing Medications

Patient Provider Date

7. ____ ____ __/__/__ I understand that the medical effects and safety of feminizing medications are not fully understood, and that there may be long-term risks that are not yet known.
8. ____ ____ __/__/__ I understand that I am strongly advised not to take more medication than I am prescribed, as this increases health risks. I have been informed that taking more than I am prescribed will not make feminization happen more quickly or increase the degree of change: extra estrogen can be converted to testosterone, which may slow or stop feminization.
9. ____ ____ __/__/__ I understand that feminizing medications can damage the liver, possibly leading to liver disease. I have been advised that I should be monitored for possible liver damage as long as I am taking feminizing medications.
10. ____ ____ __/__/__ I understand that feminizing medications will result in changes that will be noticeable by other people, and that some transgender people in similar circumstances have experienced harassment, discrimination, and violence, while others have lost support of loved ones. I have been advised that referrals can be made for support/counselling if I feel this would be helpful.

Medical Risks Associated with Estrogen

Patient Provider Date

11. ____ ____ __/__/__ I understand that taking estrogen increases the risk of blood clots, which can result in:
- pulmonary embolism (blood clot to the lungs), which may cause permanent lung damage or death
 - stroke, which may cause permanent brain damage or death
 - heart attack
 - chronic leg vein problems
- ____ ____ __/__/__ I understand that the risk of blood clots is much worse if I smoke cigarettes, especially if I am over 40. I understand that the danger is so high that I have been advised that I should stop smoking completely if I start taking estrogen. I am aware that I can ask my clinician for advice about options to stop smoking.
12. ____ ____ __/__/__ I understand that taking estrogen can increase deposits of fat around my internal organs, which is associated with increased risk for diabetes and heart disease.
13. ____ ____ __/__/__ I understand that taking estrogen can cause increased blood pressure. I have been advised that if I develop high blood pressure, my clinician will work with me to try to control it by diet, lifestyle changes, and/or medication.

Patient Provider Date

14. ____ ____ __/__/__ I have been informed that taking estrogen increases the risk of gallstones. I understand that if I have abdominal pain that is severe or prolonged, it is recommended that I discuss this with my clinician.
15. ____ ____ __/__/__ I have been informed that estrogen can cause nausea and vomiting, similar to morning sickness in pregnant women. I understand that if nausea/vomiting are severe or prolonged, it is recommended that I discuss this with my clinician.
16. ____ ____ __/__/__ I have been informed that estrogen can cause headaches or migraines. I understand that if I am frequently having headaches or migraines, or the pain is unusually severe, it is recommended that I talk with my clinician.
17. ____ ____ __/__/__ I understand that it is not known if taking estrogen increases the risk of non-cancerous tumours of the pituitary gland (prolactinoma). I have been informed that although prolactinoma is typically not life-threatening, it can damage vision and cause headaches. I understand that this will be monitored for at least three years when I start taking estrogen.
18. ____ ____ __/__/__ I have been informed that I am more likely to have dangerous side effects from estrogen if I smoke, am overweight, am over 40 years old, or have a history of blood clots, high blood pressure, or a family history of breast cancer.
19. ____ ____ __/__/__ I have been informed that if I take too much estrogen, my body may convert it into testosterone, which may slow or stop feminization.

Risks Associated with Androgen Antagonists

Patient Provider Date

20. ____ ____ __/__/__ I have been informed that spironolactone affects the balance of water and salts in the kidneys, and that this may:
- increase the amount of urine produced, making it necessary to urinate more frequently
 - reduce blood pressure
 - increase thirst
 - rarely, cause high levels of potassium in the blood, which can cause changes to heart rhythm that may be life-threatening
21. ____ ____ __/__/__ 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 if I am over 50, I should have my prostate evaluated every year.

Prevention of Medical Complications

Patient Provider Date

22. ____ ____ __/__/__ I agree to take feminizing medications as prescribed and to tell my care provider if I am not happy with the treatment or am experiencing any problems.
23. ____ ____ __/__/__ I understand that the right dose or type of medication prescribed for me may not be the same as for someone else.
24. ____ ____ __/__/__ I understand that physical examinations and blood tests are needed on a regular basis to check for negative side effects of feminizing medications.
25. ____ ____ __/__/__ I understand that feminization medications can interact with other medication (including other sources of hormones), dietary supplements, herbs, alcohol, and street drugs. I understand that being honest with my care provider about what else I am taking will help prevent medical complications that could be life-threatening. I have been informed that I will continue to get medical care no matter what information I share.
26. ____ ____ __/__/__ I understand that some medical conditions make it dangerous to take estrogen or androgen antagonists. I agree that if my clinician suspects I may have one of these conditions, I will be checked for it before the decision to start or continue feminizing medication is made.
27. ____ ____ __/__/__ I understand that I can choose to stop taking feminizing medication at any time, and that it is advised that I do this with the help of my clinician to make sure there are no negative reactions to stopping. I understand that my clinician may suggest I reduce or stop taking feminizing medication, or switch to another type of feminizing medication, if there are severe side effects or health risks that can't be controlled.

My signature below confirms that:

- My clinician has talked with me about the benefits and risks of feminizing medication, the possible or likely consequences of hormone therapy, and potential alternative treatment options.
- I understand the risks that may be involved.
- I understand that this form covers known effects and risks and that there may be long-term effects or risks that are not yet known.
- I have had sufficient opportunity to discuss treatment options with my clinician. All of my questions have been answered to my satisfaction.
- I believe I have adequate knowledge on which to base informed consent to the provision of feminizing medication.

Based on this:

_____ I wish to begin taking estrogen.

_____ I wish to begin taking androgen antagonists (e.g., Spironolactone).

_____ I do not wish to begin taking feminizing medication at this time.

Whatever your current decision is, please talk with your clinician any time you have questions, concerns, or want to re-evaluate your options.

Patient Signature

Date

Prescribing Clinician Signature

Date

This consent form obtained from www.laurathorcounseling.com May 2014