



## Information on Testosterone Therapy

Persons in the female-to-male spectrum who wish to become more masculine may use testosterone to reduce gender dysphoria and facilitate a more masculine gender presentation. While there are risks associated with taking testosterone, when appropriately prescribed it can greatly improve mental health and quality of life.

Please initial the bottom of each page to indicate that you understand the benefits, risks, and changes that may occur from taking testosterone. 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.

### Masculinizing Effects

1. I understand that testosterone reduces female physical characteristics and masculinize my body.
2. I understand that the masculinizing effects of testosterone can take several months or longer to become noticeable, that the rate and degree of change is unpredictable, and that changes may not be complete for 2-5 years after I start testosterone.
3. I understand that the following changes will likely be permanent even if I stop taking testosterone:
  - Lower voice pitch (i.e., voice becoming deeper).
  - Increased growth of hair, with thicker/coarser hairs, on arms, legs, chest, back, and abdomen.
  - Gradual growth of moustache/beard hair.
  - Hair loss at the temples and crown of the head, with the possibility of becoming completely bald.
  - Genital changes may or may not be permanent if I stop testosterone. These include clitoral growth (typically 1-3 cm) and vaginal dryness.
4. I understand that the following changes are usually not permanent (that is, they will likely reverse if I stop taking testosterone):
  - Acne, which may be severe and can cause permanent scarring if not treated.
  - Fat may redistribute to a more masculine pattern (decreased on buttocks/hips/thighs, increased in abdomen – changing from “pear shape” to “apple shape”).
  - Increased muscle mass and upper body strength.
  - Increased libido (sex drive).
  - Menstrual periods typically stop within 1-6 months of starting testosterone.

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5. The effects of testosterone on fertility are unknown. If I stop taking testosterone, I may or may not be able to get pregnant in the future. I understand that even after testosterone stops my menstrual periods, it may still be possible for me to get pregnant, and I am aware of birth control options (if applicable). I must not take testosterone if I am pregnant.
6. I understand that there are some aspects of my body that testosterone will change:
  - Breasts may appear slightly smaller due to fat loss, but will not substantially shrink.
  - Although voice pitch will likely drop, other aspects of speech will not become more masculine.

Other treatments that may be helpful change these features. I can request a referral from my clinician to specialists to help change these features.

## Risks of Testosterone

7. I understand that the medical effects and safety of testosterone are not fully understood, and that there may be long-term risks that are not yet known.
8. I should not take more testosterone than prescribed, as this increases health risks. Taking more testosterone will not make masculinization happen more quickly or increase the degree of change: extra testosterone can be converted to estrogen, which may slow or stop masculinization.
9. I understand that testosterone can cause changes that increase my risk of heart disease, including:
  - decreasing good cholesterol (HDL) and increasing bad cholesterol (LDL)
  - increasing blood pressure
  - increasing deposits of fat around my internal organs

I understand that my risks of heart disease are greater if people in my family have had heart disease, if I am overweight, or if I smoke.

I understand that periodic heart health checkups, including monitoring of my weight and cholesterol levels, are important while I am taking testosterone.

10. I understand that testosterone can damage the liver, possibly leading to liver disease. It is important that I have testing periodically for possible liver damage as long as I am taking testosterone.

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11. I understand that testosterone can increase the red blood cells and hemoglobin, and while the increase is usually only to a normal male range (which does not pose health risks), a high increase can cause potentially life-threatening problems such as stroke and heart attack. It is important that I have testing periodically for these changes while I am taking testosterone.
12. I understand that taking testosterone can increase my risk for diabetes by decreasing my body's response to insulin, causing weight gain, and increasing deposits of fat around my internal organs. It is important that I have testing of my fasting blood glucose periodically while I am taking testosterone.
13. I understand that testosterone converts to estrogen by various tissues in my body, and that it unknown whether this increases the risks of ovarian cancer, breast cancer, or uterine cancer.
14. I understand that taking testosterone can lead to my cervix and the walls of my vagina becoming more fragile, and that this can lead to tears or abrasions that increase the risk of sexually transmitted infections (including HIV) if I have vaginal sex – no matter what the gender of my partner is. I have been advised that frank discussion with my clinician about my sexual practices can help determine how best to prevent and monitor for sexually transmitted infections.
15. I understand that testosterone can cause headaches or migraines. I should talk with my health care provider if I am having frequent headaches or migraines, or the pain is unusually severe.
16. I understand that testosterone can cause emotional changes, including increased irritability, frustration, and anger. My clinician can assist me in finding resources to explore and cope with these changes.
17. I understand that testosterone 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. My clinician can assist me in finding advocacy and support resources.
18. I understand that testosterone increases the risk of Venous Thrombo-Embolicism, including Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE). I understand that this is more likely to occur if I use Tobacco, and may be more likely to occur if I have family members with such problems.

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## Prevention of Medical Complications

19. I agree to take testosterone as prescribed and to tell my clinician if I am not happy with the treatment or am experiencing any problems.
20. I understand that the right dose or type of medication prescribed for me may not be the same as for someone else.
21. I understand that physical examinations and blood tests will check for negative side effects of testosterone.
22. I understand that testosterone can interact with other medication (including other sources of hormones), dietary supplements, herbs, alcohol, and street drugs. I understand that being honest with my clinician about what else I am taking will help prevent medical complications that could be life threatening. I understand that I will continue to get medical care no matter what information I share.
23. I understand that some medical conditions make it dangerous to take testosterone. I agree that if my clinician suspects I may have one of these conditions. I agree to further testing if my clinician suspects I may have one of these conditions before deciding to start or continue testosterone.
24. I understand that I can choose to stop taking testosterone at any time, but that I should 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 testosterone if there are severe side effects or health risks.
25. I agree to dispose of any needles used for any injectable medication in a sharps box that I can obtain from a pharmacy. I will return these boxes when filled to the pharmacy.
26. I understand that Testosterone is a FDA (Federal Drug Administration) monitored Controlled Substance. This means it would be a felony to give or sell it to someone else, even in the context of wanting to help out a friend. I agree to keep my Testosterone prescriptions in a secure place and will not share or sell it.

Patient Initials \_\_\_\_\_ Date \_\_\_\_\_

**My signature below confirms that:**

- My clinician has talked with me about the benefits and risks of testosterone, 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 unknown.
- I have had sufficient opportunity to discuss treatment options with my clinician. I have no further questions.
- I believe I have adequate knowledge on which to base informed consent to the provision of testosterone therapy.

**Based on this:**

\_\_\_\_\_ I wish to begin taking testosterone.

***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 form adapted from [www.laurathorcounseling.com](http://www.laurathorcounseling.com) May 2014