

Informed Consent for Hormone Treatment-Testosterone For Female-to-Male/Trans Man.

Name in Full:

DOB:

Address:

I would like to commence testosterone therapy for gender transition.

I agree that I have had the implications of having testosterone therapy explained to me in full by

Dr.....

I have had the opportunity to discuss the effects of hormones with my doctor, and to clarify any points I did not understand.

I have had this for an adequate time to read it and discuss it with my doctor

Effects of Testosterone

As a result of taking testosterone I expect to experience the following permanent changes:

- A deepening of the voice
- Clitoral enlargement
- Increased facial and body hair
- Male pattern baldness
- Possibly a mild reduction in breast size

As a result of taking testosterone I expect to experience the following changes, which may or may not be reversible:

- Increased upper body strength and muscle bulk
- Weight gain
- Increased libido
- Decreased hip fat, increased abdominal fat
- Cessation of menstrual periods
- Decreased fertility. I may become permanently infertile after prolonged treatment. I have considered my options regarding ovum (egg) storage. I understand that if I have not stored eggs prior to commencing testosterone, then I may not be able to do so later because of irreversible infertility.

I understand the changes outlined above may take several years to be fully evident.

Potential Risks and Side Effects of Testosterone

I understand that the most likely side effects are:

- Acne
- Mood swings
- Increased risk of cardiovascular disease
- Polycythemia (more red blood cells in my blood)
- Genital skin thinning (atrophy).

I understand that the rarer side effects are:

- Liver disease and liver tumours

I understand that I will be at increased risk of unwanted side effects if any of the following pre-existing factors apply:

- Cigarette smoking
- Obesity
- Alcohol and/or drug abuse

- Advanced age
- High blood pressure
- Clotting abnormalities
- Cancer
- Endocrine abnormalities

I understand that a lifelong maintenance dose of testosterone may be required.

I understand that the effects of long term use of testosterone are not fully known.

I understand that if I stop taking testosterone, there is a risk of developing osteoporosis unless oestrogen therapy is undertaken, but that oestrogen therapy can be associated with unwanted medical and physical side effects.

I agree to take the hormones in the dosage prescribed by my doctor and undertake not to take additional doses of testosterone as this will pose an extra health risk.

I understand that other medication available on or off prescription may be contraindicated whilst I am on hormone treatment.

I agree to my hormone treatment being monitored by my doctor.

I am 18 years of age or older.

SignedDate.....

I, Dram satisfied that
understands the nature of the proposed treatment and has a full appreciation of the consequences of both the treatment in terms of intended and possible side effects and also the consequences of not following this treatment.

Signed.....Date.....