



Appendix D: Informed Consent Form for Testosterone Therapy

This form refers to the use of testosterone by persons in the female-to-male spectrum who wish to become more masculine 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.

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 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.

Please initial and date each statement.

Masculinizing Effects

Patient Provider Date

1. _____ / ____/____ I understand that testosterone may be prescribed to reduce 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 can't be predicted, 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 testosterone is stopped. 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.



TRANSGENDER TREATMENT CONSENT

Patient Provider Date

5. _____/_____/_____ I understand that it is not known what the effects of testosterone are on fertility. I have been informed that even 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 am aware of birth control options (if applicable). I have been informed that I can't take testosterone if I am pregnant.

6. _____/_____/_____ I understand that there are some aspects of my body that will not be changed by testosterone:

- 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.

Although testosterone 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 Testosterone

Patient Provider Date

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 understand that I am strongly advised not to take more testosterone than I am prescribed, as this increases health risks. I have been informed that taking more than I am prescribed 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 have been advised 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 have been advised that heart health checkups, including monitoring of my weight and cholesterol levels, should be done periodically as long as I am taking testosterone.

10. _____/_____/_____ I understand that testosterone 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 testosterone.

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. I have been advised that my blood should be monitored periodically while I am taking testosterone.

All documentation must indicate the specific date and time of entry and a signature complete with identifying credential, title or classification.



TRANSGENDER TREATMENT CONSENT



Patient Provider Date

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. I have been advised that my fasting blood glucose should be monitored periodically while I am taking testosterone.

13. _____/_____/_____/_____/_____ I understand that I can choose to stop taking testosterone at any time, and that it is advised that I do this with the help of my doctor to make sure there are no negative reactions to stopping. I understand that my doctor may suggest I reduce or stop taking testosterone if there are severe side effects or health risks that can't be controlled.

My signature below confirms that:

- My doctor 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 not yet known.
- I have had sufficient opportunity to discuss treatment options with my doctor. 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 testosterone therapy.



Based on this:

_____ I wish to begin taking testosterone.

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



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



Patient Signature

Date

Prescribing Clinician Signature

Date

