Informed Consent for
Gender Affirming Testosterone Therapy

This form refers to the use of testosterone by individuals who wish to become more masculinized as part of a gender identity affirmation or gender transition.

By signing your name at the end of this form, you indicate that the risks of testosterone therapy, as well as the changes which may occur as a result of this therapy, have been explained to you and that you understand and agree with them. If you have any questions or concerns, you are encouraged to take the time you need to ask for clarification or additional information, do more reading and research, talk with staff, and think about the potential effects of this treatment before signing this form.

If you do not understand any of the information on this form, please stop and ask for clarification.

1. I have been informed that the masculinizing effects of testosterone can take several months to become noticeable and more than 5 years to complete.

Some of these changes will be permanent, including:

- Hair loss, especially at my temples and crown of my head, with the possibility of male pattern baldness
- Facial hair growth (for example: beard, mustache, sideburns)
- Increased body hair growth (for example: on my arms, legs, chest, back, buttocks, abdomen)
- Deepening of my voice
- Enlargement of my clitoris

These additional changes can be expected but will not be permanent if I stop taking testosterone:

- Redistribution of body fat to a more male pattern (for example: increased fat on my abdomen and decreased fat on my breasts, buttocks, and thighs)
- Increased muscle development
- Increased red blood cells
- Increased sex drive
- Increased energy levels
- Emotional changes
- Increased acne, which may become severe and/or require treatment
- Stopping of my menstrual periods
- Stopping of ovulation (release of egg from ovary, which is required for conception)
- Thinning of my vaginal tissue leading to increased potential for easy damage, dryness, or yeast infections
Informed Consent Form
Female to Male

2. I understand that it is not known exactly what the effects of testosterone are on fertility. I understand that:
   - I may experience temporary or permanent infertility; if I stop testosterone therapy, I may not be able to become pregnant in the future.
   - While I may experience temporary or permanent infertility, testosterone therapy should not be relied upon to prevent pregnancy. Even once I have no periods, use of a barrier method of birth control is advised during sex during which semen could enter the vagina or uterus.
   - Testosterone could be harmful to the developing fetus if conception does occur during testosterone therapy.

3. I understand that brain structures are affected by testosterone and estrogen. The long term effects of changing the levels of one's estrogen through the use of testosterone therapy has not been scientifically studied and are impossible to predict. These effects may be beneficial, damaging, or both.

4. I understand that everyone's bodies will respond differently to testosterone and that there is no way to predict what my response will be to hormones. I understand that the correct dosage for me may or may not be the same as for another person. I further understand that I must follow my prescribed regimen of hormones.

5. I agree to have a complete physical examination annually and lab tests as needed to make sure I am not having any adverse reaction to testosterone therapy and to continue good health care. I understand that this is a required part of my treatment.

6. I have been informed that testosterone may increase my risk of developing diabetes in the future.

7. I understand that the lining of my uterus (the endometrium) is able to turn testosterone into estrogen and may increase the risk of cancer of the endometrium. I understand that not having periods may increase this risk. Continued pelvic exams, along with cervical and ovarian cancer screening, are strongly recommended unless there has been complete removal of the ovaries, uterus, and cervix.

8. I understand that testosterone therapy does not provide protection from sexually transmitted infections, HIV, or pregnancy. Use of barriers methods and safer sex practices are recommended to reduce chances of infection and pregnancy.

9. I understand that testosterone therapy does not provide protection from cervical or breast/chest cancer. I understand that I will need to continue routine cervical and breast/chest cancer screening as indicated by current guidelines. I understand that chest/breast exams are important even if I have undergone gender affirming chest surgery.

10. I understand that fatty tissue in the chest/breasts and body is able to turn excess testosterone into estrogen, which may increase my risk of chest/breast cancer and decrease or stop the desired effects of testosterone therapy.

11. I understand that testosterone may lead to liver inflammation or liver disease. I agree that I will be monitored for liver problems before starting testosterone therapy and periodically while I am on testosterone therapy.
12. I understand that testosterone may cause changes to my cholesterol. My HDL (good cholesterol) may go down and my LDL (bad cholesterol) may go up. This may increase my risk of heart attack or stroke in the future to the risk level of a natal male. I understand that a healthy diet and exercise are very important while taking testosterone.

13. I understand that testosterone therapy may cause changes in my emotions and moods and that my provider can assist me in finding support services and other resources to explore and cope with these changes.

14. I agree that if I have any adverse reactions or side effects to testosterone I will inform my health care provider.

15. I agree to tell my provider about any non-clinic hormones (such as hormones purchased or borrowed from friends or purchased on the street or online), dietary supplements, herbs, recreational drugs, or medications I might be taking. Sharing this information will help my provider to prevent potentially harmful interactions. I have been informed that clinic staff will continue to provide me with medical care regardless of what information I share with them.

16. I agree to take testosterone as prescribed and to inform my provider of any problems or dissatisfaction I may have with my treatment. I understand that if I take too much testosterone my body may convert it to estrogen.

17. I understand that there are medical conditions that could make taking testosterone either dangerous or physically damaging. I agree that if my provider suspects I may have any condition that could be dangerous to me, I will be evaluated for it before the decision to start or continue my testosterone therapy is made. I understand that if I do not agree to be evaluated, my prescription for testosterone may be cancelled or refused.

18. I understand that I can choose to stop taking testosterone at any time. I also understand that my provider can discontinue treatment for clinical reasons.

19. I have been informed of and have had a chance to discuss and plan for the potential social, occupational, familial, relationship, financial, and mental health consequences of testosterone therapy.

All of the above information has been explained to my satisfaction AND (check only one)

_____ I choose to begin gender affirming testosterone therapy

_____ I do not wish to begin gender affirming testosterone therapy at this time

________________________________________  ________________________________  ________________
Patient Signature  Patient Printed Name  Date

________________________________________  ________________________________  ________________
Provider Signature  Provider Printed Name  Date

________________________________________  ________________________________  ________________
Interpreter Signature  Interpreter Printed Name  Date