

Testosterone consent

Testosterone is used to reduce estrogen-related features and induce testosterone-related features in order to make you feel more at ease in your body.

Informed consent is used to make sure you know what to expect from hormone therapy including physical and emotional changes, side effects and potential risks. The full medical effects and safety are not fully known and some potential risks are serious and possibly fatal. These risks must be weighed against the benefits that hormone therapy can have on your health and quality of life. Benefits may include increased comfort in your body, decreased discomfort related to gender, improved mental health and increased success in work, school and relationships. Each person responds differently to hormone therapy and the amount of change varies from person to person. Testosterone is available in several forms but most people use injectable testosterone due to lower cost.

Testosterone-related effects

Testosterone-related changes may include:	Expected onset	Expected maximum effect
*Deeper voice	3-12 months	Years
*Growth of body and facial hair	3-6 months	3-5 years
*Growth of the external genitals (clitoris)	3-6 months	1-2 years
*Scalp hair loss	>12 months	Variable
Decreased fertility	Variable	Variable
Fat redistribution and possible weight gain or loss	3-6 months	2-5 years
Increased muscle	6-12 months	2-5 years
Mood changes	Variable	Variable
Changes to sex drive, sexual interests or sexual function	Variable	Variable
Skin changes including increased oil and acne	1-6 months	1-2 years
Dryness of internal genitals (vagina)	3-6 months	1-2 years
Stopping of monthly bleeding (period)	2-6 months	n/a

From the World Professional Association of Transgender Health's Standards of Care, Version 7

*Change is permanent and will remain even if hormone therapy is stopped

Potential Risks	
Increased red blood cells (polycythemia) Sleep apnea Scalp hair loss (balding)	Likely increased risk
Changes to cholesterol which may increase risk for heart attack or stroke Liver inflammation	Possible increased risk
Diabetes Heart and circulation problems (cardiovascular disease) Increased blood pressure	Possible increased risk if you have additional risk factors

Risks for some of these conditions may be affected by:

- Pre-existing physical or mental health conditions
- Family history of physical or mental health conditions
- Cigarette smoking or other substance use
- Nutrition, exercise, stress

_____ (name of care provider) has discussed with me the nature and purpose of hormone therapy; the benefits and risks, including the possibility that hormone therapy may not accomplish the changes I want; the possible or likely consequences of hormone therapy; and other alternative diagnostic or treatment options

1. I have read and understand the above information regarding hormone therapy, and accept the risks involved
2. I have had enough opportunity to discuss my health, goals and treatment options with my care provider, and all of my questions have been answered to my satisfaction
3. I believe I have adequate knowledge on which to base informed consent to receive hormone therapy
4. I authorize and give my informed consent to receive hormone therapy

Patient signature _____ Provider signature _____

Date _____