

Consent form

Masculinising hormone therapy

The informed consent model of care respects your fundamental human right to self determination and bodily autonomy. The purpose of this document is to indicate, in writing, that you consent to masculinising hormone therapy as part of a gender affirmation process. This form may be signed by any person of sound mind over the age of 18, or over the age of 16 with the co-signatures of all primary legal guardians.

This document relates to the hormone testosterone. Your doctor will discuss with you all of the information relating to starting hormone therapy. Please read and understand the following information, and raise any questions you have with your doctor.

I, _____, on the date _____, acknowledge that I have read and understood the following information in consultation with my doctor _____.

Please tick the boxes to acknowledge:

Changes expected whilst on masculinising hormone therapy

- Permanent changes:
- Increased facial and body hair
 - Deepened voice
 - Enlargement of erectile genital tissue (phallus / clitoris)
 - Possible male pattern balding
 - Possible permanent infertility. I have been advised to consider storing eggs before starting hormone therapy. I have been given the opportunity to delay starting in order to store eggs.
- Reversible changes:
- Increased libido
 - Body fat redistribution
 - Coarser and oilier skin
 - Acne of face, chest and back
 - Stopping of menstrual periods
 - Vaginal dryness
 - Raised cholesterol
 - Increased blood pressure
 - Mood changes - aggression, depression
- I acknowledge the following potential side effects and risks of masculinising hormone therapy. My doctor will continue to monitor my health and address any issues if and when they develop.
- Polycythaemia - increased number of red blood cells, resulting in “thickened” blood
 - Increased risk of cardiovascular disease
 - Difficulty controlling blood sugars
 - New or worsened obstructive sleep apnoea

- Osteoporosis
- Liver damage
- Increased salt and water retention
- Increased risk of certain types of cancer, such as endometrial, ovarian and breast cancer

- I understand that masculinising hormone therapy affects everyone differently, and that there is no way to predict exactly how my body will change. Some of the long term effects of masculinising hormone therapy are not yet known.
- I have been informed that the use of masculinising hormones do not guarantee infertility, and that contraception should be used when having sex that puts me at risk of pregnancy. I have been advised that getting pregnant whilst taking testosterone could put the baby at serious risk.
- It is my responsibility to educate myself about safe sex. I should take active steps to protect myself from getting HIV or other sexually transmitted infections. My doctor can guide me make the best choices.
- I understand that gender affirming hormone therapy means that I will need to see my doctor and have blood tests at regular intervals throughout my life. Appointments will be more frequent at first, and then every 6-12 months when my hormone levels are stable. I am ready to make this commitment to my health.
- I acknowledge that gender affirming hormones are only a part of my overall health, and that a range of preventative health activities are recommended so that I remain happy and healthy in my affirmed gender. These include but are not limited to:
- Cervical screening tests at appropriate intervals, as recommended by my doctor
 - Regularly checking my chest / breasts for lumps, even if I have had a mastectomy
 - Mammograms from age 50, as recommended by my doctor
 - Regular STI screening, depending on my level of risk
 - Quitting smoking
 - Immunisations
 - Regular physical activity, including resistance exercise for bone health
 - Healthy eating
- I can choose to stop gender affirming hormone therapy at any time. If I choose to stop taking hormones, it is best that I do this in consultation with my doctor, to ensure that I remain safe and healthy.

Patient name: _____ Signature: _____ Date: _____

Parent/guardian name: _____ Signature: _____ Date: _____

Doctor signature: _____ Date: _____