**Informed Consent Form for Use of Feminizing Medications**

This form refers to the use of estrogen and/or androgen antagonists (sometimes called “anti-androgens” or “androgen blockers”) by persons who are transfeminine and who wish to acquire a more feminine gender presentation to reduce gender dysphoria. While there are risks associated with taking feminizing medications, when appropriately prescribed they can greatly improve mental health and quality of life.

The primary purpose of this form is serve as an educational tool to facilitate discussion between my provider and me. However, by signing it, I am conveying that I understand the content, and am willing to assume the risks as outlined, as well.

**Feminizing Effects**

1. I understand that estrogen, androgen antagonists, or a combination of the two may be prescribed to reduce male physical features and feminize my body. I recognize that unfortunately, in our society, women may be subject to sexism that affects them socially & economically, and that this may affect me if I present with a feminine gender expression.

2. I understand that the feminizing effects of estrogen and androgen antagonists can take several months or longer to become noticeable, and that the rate & degree of change varies. I acknowledge that changes may not be complete for at least 3 years after I start estradiol. The following information is from the **Endocrine Society's Clinical Practice Guidelines for Endocrine Treatment of Gender-Dysphoric and Gender-Incongruent Persons:** <https://doi.org/10.1210/jc.2017-01658>

**Feminizing Effects in Transgender Females**

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| --- | --- | --- | --- |
| **Effect**  | **Onset**  |  | **Maximum**  |
| Redistribution of body fat  | 3–6 mo  |  | 2–3 y  |
| Decrease in muscle mass and strength  | 3–6 mo  |  | 1–2 y  |
| Softening of skin/decreased oiliness  | 3–6 mo  |  | Unknown  |
| Decreased sexual desire  | 1–3 mo  |  | 3–6 mo  |
| Decreased spontaneous erections  | 1–3 mo  |  | 3–6 mo  |
| Male sexual dysfunction  | Variable  |  | Variable  |
| Breast growth  | 3–6 mo  |  | 2–3 y  |
| Decreased testicular volume  | 3–6 mo  |  | 2–3 y  |
| Decreased sperm production  | Unknown  |  | >3 y  |
| Decreased terminal hair growth  | 6–12 mo  |  | >3 y *a*  |
| Scalp hair  | Variable  |  | —*b*  |
| Voice changes  | None  |  | —*c*  |

a - Removal of male sexual hair requires electrolysis or laser treatment or both.

b - Familial scalp hair loss may occur if estrogens are stopped.

c - Treatment by speech pathologists for voice training is most effective.

3. I understand that if I am taking estrogen I will develop breast tissue, and:

• Breasts may take 2-3 years to develop to their full size. Thin individuals will have relatively less breast tissue due to the amount of body fat.

• Even if estrogen is stopped, the breast tissue that has developed will remain.

• After my breasts start developing, it is recommended to start doing monthly breast self-exam, and to have an annual breast exam by a doctor or nurse. Mammograms are recommended, though the timing of initiating and repeating them depends on a few different factors so discuss this with your provider.

• There may be milky nipple discharge (galactorrhea). This can be caused by taking estrogen or by an underlying medical condition. If you develop this, do talk with your provider to determine the cause.

• It is reasonable to expect, though not proven, that taking estrogen increases the risk of breast cancer.

4. I understand that the following changes are generally not permanent (that is, they will likely reverse if I stop taking feminizing medications):

• Skin may become softer.

• Muscle mass decreases and there may be a decrease in upper body strength.

• Body hair growth may become less noticeable and grow more slowly, but it will likely not stop completely even after years on medication.

• Male pattern baldness may slow down, but will probably not stop completely, and hair that has already been lost will likely not grow back.

• Fat may redistribute to a more feminine pattern (decreased in abdomen, increased on buttocks/hips/thighs – changing from “apple shape” to “pear shape”).

5. I understand that taking feminizing medications will make my testicles produce less testosterone, which can affect my overall sexual function:

• Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping taking feminizing medication. I note that there is an option for sperm preservation that I can ask my provider about, though this may not be covered by insurance. I understand that I may still be able to make someone pregnant and am aware of birth control options (if applicable, depending on what types of sexual partners I have).

• Testicles may shrink by 25-50%. Regular testicular examinations are still recommended.

• The amount of fluid ejaculated may be reduced.

• There is typically decrease in morning and spontaneous erections.

• Erections may not be firm enough for penetrative sex.

• Libido (sex drive) may decrease, & sexual orientation can evolve in ~ 33% of transfeminine persons.

6. I understand that there are some aspects of my body that are not significantly changed by feminizing medications:

• Beard and moustache hair may grow more slowly and be less noticeable, but will not go away.

• Voice pitch will not rise and speech patterns will not become more feminine.

• The laryngeal prominence (“Adam’s apple”) will not shrink.

Although feminizing medication 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 Feminizing Medications**

7. I understand that the medical effects and safety of feminizing medications 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 medication than I am prescribed, as this increases health risks. I have been informed that taking more than I am prescribed will not make feminization happen more quickly or increase the degree of change.

9. I understand that feminizing medications 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 feminizing medications.

10. I understand that feminizing medications will result in changes that will be noticeable by other people, and that some transgender people in similar circumstances have experienced harassment, discrimination, and violence, while others have lost support of loved ones. I have been advised that referrals can be made counselling if I feel this would be helpful.

11. I understand that taking estrogen increases the risk of blood clots, which can result in:

• leg vein clots, which can cause chronic leg vein problems and/ or migrate to the lungs

• pulmonary embolism (blood clot in a lung), which may cause lung damage or death

• stroke, which may cause permanent brain damage or death

• heart attack, which can cause heart failure or death

I understand that the risk of blood clots is much worse if I smoke cigarettes and as I grow older. I understand that the danger is so high that I have been advised that I should stop smoking completely if I start taking estrogen. I am aware that I can ask my doctor for advice about options to stop smoking.

12. I understand that taking estrogen can increase deposits of fat around my internal organs, which is associated with increased risk for diabetes and heart disease.

13. I understand that taking estrogen can cause increased blood pressure. I have been advised that if I develop high blood pressure, my doctor will work with me to try to control it by diet, lifestyle changes, and/or medication.

14. I have been informed that taking estrogen increases the risk of gallstones. I understand that if I have abdominal pain that is severe or prolonged, it is recommended that I discuss this with my doctor.

15. I have been informed that estrogen can cause nausea and vomiting, similar to morning sickness in pregnant women. I understand that if nausea/vomiting are severe or prolonged, it is recommended that I discuss this with my doctor.

16. I have been informed that estrogen can cause headaches or migraines. I understand that if I am frequently having headaches or migraines, or the pain is unusually severe, it is recommended that I talk with my doctor.

17. I understand that it is not known if taking estrogen increases the risk of non-cancerous tumors of the pituitary gland (prolactinoma). I have been informed that although prolactinoma is typically not life-threatening, it can damage vision and cause headaches.

18. I have been informed that I am more likely to have dangerous side effects from estrogen if I smoke, am overweight, am over 40 years old, or have a history of blood clots, high blood pressure, or a family history of breast cancer.

19. I have been informed that spironolactone affects the balance of water and salts in the kidneys, and that this may:

• increase the amount of urine produced, making it necessary to urinate more frequently

• reduce blood pressure

• increase thirst

• rarely, cause high levels of potassium in the blood, which can cause changes to heart rhythm that may be life-threatening. There is more likelihood that will occur in people who have decreased kidney function.

20. I understand that some androgen antagonists make it more difficult to evaluate the results of PSA (prostate-specific antigen) test, which can make it more difficult to monitor prostate problems. I agree to have examinations and blood tests to screen for this if recommended by my doctor.

21. I agree to take feminizing medications as prescribed and to tell my care provider if I am not happy with the treatment or am experiencing any problems.

22. I understand that the right dose or type of medication prescribed for me may not be the same as for someone else.

23. I understand that physical examinations and blood tests are needed on a regular basis to check for negative side effects of feminizing medications.

24. I understand that feminization medications can interact with other medication (including other sources of hormones), dietary supplements, herbs, alcohol, and street drugs. I understand that being honest with my care provider about what else I am taking will help prevent medical complications that could be life-threatening. I have been informed that I will continue to get medical care no matter what information I share.

25. I understand that some medical conditions make it dangerous to take estrogen or androgen antagonists. I agree that if my doctor suspects I may have one of these conditions, I will be checked for it before the decision to start or continue feminizing medication is made.

26. I understand that I can choose to stop taking feminizing medication 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 feminizing medication, or switch to another type of feminizing medication, if there are severe side effects or health risks that can’t be controlled.

27. I have been told that accurate diagnoses & history will be recorded in my chart, as this is important for me to receive appropriate and quality healthcare. If I have any concerns about this, or about what information is available to my insurance carrier, I will discuss this with my provider.

My signature below confirms that:

• My provider has talked with me about the benefits and risks of feminizing medication, 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 feminizing medication.

**Based on this:**

\_\_\_\_\_ I wish to begin taking estrogen (specifically, estradiol).

\_\_\_\_\_ I wish to begin taking androgen antagonists (e.g., spironolactone).

\_\_\_\_\_ I do not wish to begin taking feminizing medication 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.***

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Patient Signature Date

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Prescribing Clinician Signature Date

Updated July 2021 – Corinne Heinen, MD