Client Information for Informed Consent

MASCULIZING MEDICATIONS FOR TRANSGENDER or NON BINARY CLIENTS Minors and Parents/Guardians

Before using medications to transition and Masculinize, you and your parents or guardians need to know the possible advantages, disadvantages and risks of these medications. We have listed them here for you. It's important that you understand this information before you begin taking these medications.

Please read the following with your parent or guardian. Once your questions or concerns are addressed, and you have decided to proceed with the medication(s) both you and your parent or guardian will need to sign this information and consent form. We are happy to answer any questions.

What are the different medications that can masculinize my appearance?

Part of transition for many transgender people involves taking hormones. For hormone treatment to be most effective, transgender boys and men take not only testosterone (male hormones), but also medicines to block their body from producing or utilizing estrogen (female hormones).

Different forms of the hormone testosterone are used to masculinize appearance in transgender males. Testosterone can be given as an injection, as a patch, or skin creams.

Every medication has risks, benefits, and side effects that are important to understand before starting. The effects and side effects of medicines used for transition need to be monitored with laboratory studies and regular visits to your provider to make sure that there are no negative effects on your body.

Who should not take Testosterone? Testosterone should not be used by anyone who is pregnant or has uncontrolled coronary artery disease.

Testosterone should be used with caution and only after a full discussion of risks by anyone who:

- has a family history of heart disease or breast cancer
- has had a blood clot
- has high levels of cholesterol
- has liver disease
- has a high red-blood-cell count
- smokes cigarettes

Both you and your parent or guardian should initial each statement on this form to show that you and your parent or guardian understand the benefits, risks, and changes that may occur from taking these medications.

Masculinizing Effects
I know that testosterone may be prescribed to masculinize my appearance.
I know it can take several months or longer for the effects to become noticeable. I know that no one can predict how fast – or how much – change will happen.
I know that if I am taking testosterone the following changes are likely and permanent even if I stop taking testosterone:
 Bigger clitoris – Typically about half an inch to a little more than an inch
Deeper Voice
Gradual growth of mustache and beard
 Hair loss at the temples and crown of the head – possibility of being completely bald
 More, thicker, and coarser hairs on abdomen, arms, back, chest, and legs
I know that the following changes are usually not permanent — they are likely to go away if I stop taking testosterone.
Acne (may permanently scar)
 Menstrual periods typically stop one to six months after starting
 More abdominal fat – redistributed to a male shape: decreased on buttocks, hips, and thighs; increased in abdomen – changing from "pear shape" to "apple shape"
More muscle mass and strength
More sex drive
Genital dryness
I know that the effects of testosterone on fertility are unknown. I have been told that I may or may not be able to get pregnant even if I stop taking testosterone. I know that I might still get pregnant even after testosterone stops my menstrual periods. I know about my birth control options (if applicable). And I know that I can't take testosterone if I am pregnant.
I know that some parts of my body will not change much by using these medicines.
 Losing some fat may make my breasts appear slightly smaller, but they will not shrink very much
 Although my voice will deepen, other aspects of the way I speak may not sound masculine.
I know that there are other treatments that may be helpful to make my breasts smaller or my speech more masculine.
I know if I have any concerns about these issues, you can make referrals for me to help me explore other treatment options.

Risks of Testosterone
I know that the side effects and safety of these medicines are not completely known. There may be long-term risks that are not yet known.
I know not to take more medicine than I am prescribed. I know it increases health risks and that taking more than prescribed won't make changes happen more quickly or more significantly.
I know these medicines may lead to increased risk of heart disease. I know these changes include having:
 Less good cholesterol (HDL) that may protect against heart disease and more bad cholesterol (LDL) that may increase the risk of heart disease
Higher blood pressure
 More deposits of fat around my internal organs
I know that the risk of heart disease is much worse if people in my family have had heart disease, if I am overweight, or if I smoke cigarettes. I know the danger is so high that I should stop smoking completely if I start taking testosterone. I know that I can ask my clinician for advice about how to stop smoking.
I know that I should have periodic heart-health checkups for as long as I take testosterone. I know that means I must watch my weight and cholesterol levels and have them checked by my clinician.
I know taking testosterone can damage the liver and possibly lead to liver disease. I know that I should be checked for possible liver damage for as long as I take testosterone.
I know that taking testosterone can increase my red blood cells and hemoglobin. I know that the increase is usually only to what is normal for a man, but that a higher increase can cause problems that can be life-threatening. These problems include stroke and heart attack. That's why I know I need to have periodic blood checks for as long as I take testosterone.
I know that taking testosterone can increase my risk for diabetes. It may decrease my body's response to insulin, cause weight gain, and increase deposits of fat around my internal organs. I know that I should have periodic checks of my blood glucose for as long as I take testosterone.
I know that my body can turn testosterone into estrogen. And I know that no one knows if that could increase the risk of cancers of the breast, the ovaries, or the uterus.
I know that taking testosterone can thin the tissue of my cervix and the walls of my vagina. This can lead to tears or abrasions during vaginal sex play whether my partner is a woman or a man. This raises my risk of getting a sexually transmitted infection, including HIV. I know that I should speak with my clinician about my sex life to learn the best ways to prevent and check for infections.
I know that testosterone can give me headaches or migraines. I know that it's best to talk with my clinician if I get them frequently or if the pain is severe.
I know that testosterone can cause emotional changes. For example, I could become more irritable, frustrated, or angry. I know that my clinician can help me find resources to explore and cope with these changes.
I know that testosterone causes changes that other people will notice. Some transgender people have experienced harassment, discrimination, and violence because of this. Others have lost the support of loved ones. I know my clinician can help me find advocacy and support resources.

Prevention of Medical Complications
I agree to take testosterone as prescribed. And I agree to tell my care provider if I have any problems or am unhappy with the treatment.
I know that the dose and type of medication that's prescribed for me may not be the same as someone else's.
I know I need periodic physical exams and blood tests to check for any side effects.
I know that in addition to periodic checks from my provider, I must also treat my body with respect. This means that paying attention and talking to my provider if I develop any symptoms that might be side effects from medicines. This also means keeping my partners and myself safe, whe and if I choose to have sex with others, by using condoms or methods to keep me safe from sexually transmitted infections (STIs).
I know testosterone can interact with other drugs and prescribed and over the counter medicines. These include alcohol, diet supplements, herbs, other hormones, and street drugs. This kind of interaction can cause dangerous complications. I know that I need to prevent complications because they can be life threatening. That's why I need to be honest with my provider about whateve else I take. I also know that I will continue to get medical care here no matter what I share about what I take.
I know that it can be risky for anyone with certain conditions to take these medicines. I agree to be evaluated if my clinician thinks I may have one of them. Then we will decide if it's a good idea for me to start or continue using them.
I know that using testosterone to appear more masculine is an off-label use. I know this means it is not approved by the Food and Drug Administration (FDA). I know that the medicine and dose that is recommended for me is based on the judgment and experience of my health care provider and the best information that is currently available in the medical literature.
I know that I can choose to stop taking these medicines at any time. I know that if I decide to do that, I should do it with the help of my clinician. This will help me make sure there are no negative reactions. I also know my clinician may suggest that I cut the doses or stop taking it at all if certain conditions develop. This may happen if the side effects are severe or there are health risks that can't be controlled.

Alternatives

There are alternatives to using testosterone to help people appear more masculine. Some transgender people choose to not take hormones or have surgery and may only socially transition. If you are interested in alternatives, talk with your health care provider about your options.

Our signatures below confirm that

- My clinician has talked with me and my parents or guardian about
 - the benefits and risks of taking testosterone
 - ♣ the possible or likely consequences of hormone therapy
 - potential alternative treatments
- I understand the risks that may be involved.
- I know that the information in this form includes the known effects and risks. I also know that there may be unknown long-term effects of risks.
- I have had enough opportunity to discuss treatment options with my clinician.
- All of my questions have been answered to my satisfaction.
- I believe I know enough to give informed consent to take, refuse, or postpone therapy with masculinizing medications.

Based on all this information I want to begin taking testosterone I do not wish to begin taking testosterone at this time.					
				Patient Signature	Date
Based on all this information					
I consent to my child taking test	osterone at this time.				
I do not consent to my child taki	ng testosterone at this time.				
Signature of Parent or Guardian	Date				
Prescribing clinician signature	 Date				

Your health is important to us. If you have any questions or concerns please contact us. We are happy to help you.