

Informed Consent Form for Testosterone Therapy

This form refers to the use of testosterone by persons in the female-to-male spectrum who wish to become more masculine to reduce gender dysphoria and facilitate a more masculine gender presentation. While there are risks associated with taking testosterone, when appropriately prescribed it can greatly improve mental health and quality of life.

You are asked to initial the statements on this form to show that you understand the benefits, risks and changes that may occur from taking testosterone. If you have any questions or concerns about the information below, please talk with the people involved in your care so you can make fully informed decisions about your treatment. It is your right to seek another opinion if you want additional perspective on any aspect of your care.

Please initial each statement.

Masculinizing effects:

- 1) _____ I understand testosterone may be prescribed to reduce female physical characteristics and masculinize my body.
- 2) _____ I understand the masculinizing effects of testosterone can take several months or longer to become noticeable, that the rate and degree of change can't be predicted, and that some changes may not be complete for 2-5 years after I take testosterone.
- 3) _____ I understand the following changes will likely be permanent even if I stop taking testosterone:
 - Lower voice pitch (voice becoming deeper)
 - Increased growth of hair, with thicker and coarser hairs on arms, legs, chest, back and abdomen
 - Gradual growth of facial hair (moustache and beard)
 - Hair loss at the temples and crown of the head, with the possibility of becoming completely bald
 - Genital changes which may or may not persist if testosterone is stopped. These include enlargement of the clitoris and vaginal dryness.
- 4) _____ I understand the following changes are usually not permanent, and will likely reverse if testosterone is stopped:
 - Acne, which may be severe and can cause permanent scarring if left untreated
 - Redistribution of fat to a more masculine pattern (decreased on buttocks, hips and thighs, and increased in abdomen)
 - Increased muscle mass and upper body strength
 - Increased libido (sex drive)
 - Cessation (stopping) of menstrual periods

- 5) _____ I understand the effects of testosterone on fertility are not known. I have been informed that even if I stop taking testosterone I may or may not be able to get pregnant in the future. I understand that even after testosterone stops my menstrual periods may still be possible for me to get pregnant, and I am aware of birth control options. I have been informed due to effects on the unborn fetus I may not take testosterone if I am pregnant.
- 6) _____ I understand that there are some aspects of my body that will not be changed by testosterone:
- Breasts may appear slightly smaller due to fat loss, but will not substantially shrink.
 - Although voice pitch will likely drop, other aspects of speech will not become more masculine.

Risks of Testosterone:

- 7) _____ I understand the medical effects and safety of testosterone are not fully understood, and that there may be long-term risks that are not yet known.
- 8) _____ I understand I am strongly advised not to take more testosterone than I am prescribed, as this increases health risks. I have been informed that taking more than I am prescribed will not make masculinization happen more quickly nor increase the degree of change. Extra testosterone can be converted to estrogen, which may slow or stop masculinization.
- 9) _____ I understand testosterone can cause changes that increase my risk of heart disease, including:
- Decreasing good cholesterol (HDL) and increasing bad cholesterol (LDL)
 - Increasing blood pressure
 - Increasing deposits of fat around my internal organs
- 10) _____ I understand testosterone 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 testosterone.
- 11) _____ I understand testosterone can increase the red blood cells and hemoglobin, which in turn can make the blood thicker. While the increase is usually only to a normal male range (which does not pose health risks), a large increase can cause potentially life-threatening problems such as stroke and heart attack. I have been advised that my blood count should be monitored periodically while I am taking testosterone.
- 12) _____ I understand taking testosterone can increase my risk for diabetes by decreasing my body's response to insulin, causing weight gain and increasing deposits of fat around my internal organs. I have been advised my fasting blood glucose should be monitored periodically while I am taking testosterone.
- 13) _____ I understand testosterone can be converted to estrogen by various tissues in my body, and that it is not known whether this increases the risks of ovarian cancer, breast cancer, uterine cancer, blood clots, stroke or heart attack.
- 14) _____ I understand taking testosterone can lead to my cervix and the walls of my vagina becoming more fragile, and that this can lead to tears or scrapes which can increase the risk of being infected with sexually transmitted infections (including HIV) if I have ever had a sex -no matter

what the gender of my partner is. I have been advised frank discussion with my doctor about my sexually practices can help determine how best to prevent and monitor for sexually transmitted infections.

- 15) _____ I have been informed testosterone 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 I talk with my health care provider.
- 16) _____ I understand testosterone can cause emotional changes, including increased irritability, frustration, and anger. I have been advised that my doctor can assist me in finding resources to explore and cope with these changes.
- 17) _____ I understand taking supplemental testosterone will result in changes that will be noticeable by others, and that some transgender people in similar circumstances have experienced harassment, discrimination and violence while others have robust support of loved ones. I have been advised my doctor can assist me in finding advocacy and support resources.

Prevention of Medical Complications :

- 18) _____ I agree to take testosterone as prescribed and to tell my doctor if I am not happy with the treatment or if I am experiencing any problems.
- 19) _____ I understand the best dose or type of medication for me may not be the same as for someone else.
- 20) _____ I understand physical examinations and blood tests are needed on a regular basis to check for negative side effects of testosterone.
- 21) _____ I understand testosterone can interact with other medications, dietary supplements, herbs, alcohol, and street drugs. I understand being honest with my doctor about what else I am taking will help prevent medical complications which could be life-threatening. I have been informed that I will continue to get medical care notwithstanding a transition I share. I understand if I share information that leads my doctor to believe that I am in a threat to myself or someone else, my doctor is obligated to take whatever steps my doctor feels is necessary to protect my safety or the safety of others.
- 22) _____ I understand some medical conditions make it dangerous to take testosterone. I understand if my doctor suspects I may have one of these conditions, I will be checked for it before the decision to start or continue testosterone is made.
- 23) _____ I understand I may choose to stop taking testosterone at any time, and it is advised if I do so, I do it with the aid of my doctor to help prevent any negative reactions to stopping. I understand my doctor may suggest I reduce or stop taking testosterone if there are severe side effects or health risks which can't be controlled. ☐

Prevention of Legal Complications :

24)_____I understand testosterone is a closely regulated medication which is intended and used by those who wish to take it without seeing a health care provider. I understand if someone takes it without the guidance of a physician, they may experience serious complications including death. I understand I should not share my medication with anyone else. I understand it is a violation of federal law to share testosterone with anyone else, and there are penalties so high as to \$10,000 for each dose shared as well as incarceration for sharing testosterone.

My signature below confirms that:

My doctor has talked with me about the risks and benefits of taking supplemental testosterone.

I have had sufficient opportunity to discuss the use of supplemental testosterone with my doctor, as well as the opportunity to have my questions answered to my satisfaction.

I have reviewed the 24 items preceding my signature, and I believe I understand them.

Patient Signature

Date

Printed Name

Prescriber Signature

Date