

## Gender Affirming Vocal Care Patient Agreement

To ensure you achieve the best possible outcome from feminizing voice therapy and/or surgery, please initial each line item and place your signature at the bottom of the form.

- I agree to attend all voice therapy sessions as indicated by my voice therapist.
- I understand that I will need to complete a minimum of 4-6 sessions of voice therapy prior to being considered for voice surgery.
- I understand that I must commit to the process of working with my voice therapist and practicing the voice exercises as instructed, to be properly prepared for the vocal changes that come with having voice surgery.
- If I do undergo voice surgery, I understand that I need to be on voice rest for a minimum of 4 weeks post-surgery. The exact duration will be determined by my surgeon. I understand that this may require that I identify a friend or family member who can assist with communication.
- I agree to discontinue smoking tobacco and/or cannabis prior to beginning voice therapy.
- I understand that my relationship with my voice therapist is of paramount importance and that after voice surgery, I will continue to work with my voice therapist on other aspects of voice feminization, including, but not limited to resonance and inflection.
- I understand that readiness for voice surgery will be determined by my laryngologist surgeon in collaboration with my voice therapist.
- I understand that an "improved" voice may take up to a year to achieve post-surgery.
- I understand that there currently lacks robust scientific evidence supporting the efficacy of feminizing voice surgery and that I must have realistic expectations about potential surgical outcomes.
- I understand that failure to comply with any of the above may prevent me from being approved to proceed with voice surgery consultation.

Signature:

Date:

