

## Minor Informed Consent - Masculinizing Hormone Therapy

You want to use testosterone to masculinize your body. Before you start using testosterone, there are several things you need to know about. They are the possible advantages, disadvantages, risks, and warning signs. We have listed them here for you. It is important that you understand this information before you start. Please let us know of any questions you have.

### What is testosterone?

It is the sex hormone that makes certain features appear typically male. It builds muscle and causes the development of facial hair and a deeper voice.

### How is testosterone taken?

It can be injected every one to two weeks into a muscle on your upper legs, hip, buttocks, or just under the surface of the skin on your stomach. It can also be applied topically onto your skin daily. It is important to start off with a low dose and increase it over time. It is not used as a pill because it is dangerous to the liver when taken that way.

### Warning – Who should NOT take testosterone?

It should not be used by anyone who has a personal history of:

- An androgen-dependent cancer
- Pregnancy or anticipated pregnancy

It should be used with caution and only after a full discussion of risks such as:

- Heart disease
- Obstructive sleep apnea
- Any current health disorder, or need for daily medications
- Cardiovascular risk factors such as obesity, high blood pressure, high cholesterol, high blood sugar, or smoking
- Use of street drugs or alcohol

Periodic blood tests to check on the effects of the hormones and some side effects will be needed.

Most hormone changes occur over the course of two to five years. The amount of physical change and the exact timeline of effects can be highly variable. Taking higher doses of estrogen does NOT speed up or increase the effects, but it CAN increase the risk of serious side effects

## Effects of masculinizing hormone therapy

EFFECT	EXPECTED ONSET	EXPECTED MAXIMUM EFFECT
Skin oiliness / acne	1-6 months	1-2 years
Facial / Body hair growth	3-6 months	3-5 years
Scalp hair loss (balding)	Over 12 months	Variable
Increased muscle mass/strength	6-12 months	2-5 years
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	3-12 months	1 year
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years

## Risks of masculinizing hormone therapy

- Acne (may permanently scar)
- Venous thromboembolic disease (blood clots in the legs or lungs that can be life-threatening). Risk is increased with smoking, obesity, and those who have genetic clotting tendencies
- Emotional changes (more aggression) or worsening of psychiatric disorders
- Headache
- High blood pressure
- Increased red blood cell count
- Infertility
- Elevated liver enzymes
- Male pattern baldness
- More abdominal fat – redistributed to a male shape
- Increased risk of heart disease, heart attack
- Swelling of hands, feet, and legs
- Weight gain
- Worsening of high cholesterol
- There may be an increased risk of ovarian and endometrial (uterine) cancer, but evidence is limited
- Sleep apnea
- Use of additional medicines (other than testosterone) might increase risks further

Please check each statement on this form to help you be sure that you understand the benefits, risks, and changes that may occur from using testosterone.

\_\_\_\_\_ I know that testosterone over time will make me appear less feminine and more masculine.

\_\_\_\_\_ 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 the changes may not be complete for two to five years after I start.

\_\_\_\_\_ I know that the following changes may occur and that they will likely be permanent even if I stop using testosterone:

- Bigger clitoris – typically about half an inch to a little more than an inch
- Deeper voice
- Gradual growth of moustache 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, hands, back, chest, legs, feet

\_\_\_\_\_ I know that the following changes may occur and are usually *not* permanent. They are likely to go away if I stop using testosterone:

- Acne – some may permanently scar
- Loss of menstrual periods
- More abdominal fat, redistributed to a male shape: decreased fat on buttocks, hips, and thighs; increased fat in abdomen - changing from a “pear” shape to an “apple” shape
- More muscle mass and strength
- More sex-drive
- Vaginal dryness

\_\_\_\_\_ I know that the long-term effects of testosterone on fertility are unknown, and that fertility may become unlikely if I am on testosterone for a long time. I know that egg retrieval and preservation are not covered under my insurance, but I have the option to preserve my eggs before starting hormone therapy.

\_\_\_\_\_ I know that some aspects of my body will NOT be changed:

- 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 more masculine.

\_\_\_\_\_ I know the medical effects and the safety of testosterone hormone therapy are not completely known. There may be long-term risks that are not yet known.

\_\_\_\_\_ I know not to take more testosterone than prescribed. I know it may increase health risks. I know that taking more than I am prescribed won't make changes happen more quickly or more significantly. I know my body can convert extra testosterone into estrogen, and that can slow down or stop my masculinizing process.

\_\_\_\_\_ I know that testosterone can cause changes that may increase my risk for heart disease and diabetes. I know I should eat healthy, exercise regularly, maintain a healthy weight, and avoid smoking.

\_\_\_\_\_ I know testosterone can increase my red blood cells and hemoglobin level which can lead to serious health problems. I know that this needs to be monitored with blood testing if I continue

to use testosterone. I know that if my red blood cells become too high that I may need to hold using my testosterone for a period of time and/or have my testosterone dose lowered.

\_\_\_\_\_ I know testosterone can raise my blood pressure. I know that if it goes up, my health care team can work with me to try to control it with diet, lifestyle changes, and/or medication

\_\_\_\_\_ I know taking testosterone can thin the tissue of my cervix and the walls of my vagina. This can lead to discomfort, itching, and tears or abrasions during vaginal sex. This also could increase the risk of STD, so it is important to learn how to decrease risks if I become sexually active.

\_\_\_\_\_ I know that testosterone hormone therapy is NOT a form of contraception, and that pregnancy is contraindicated with testosterone use. I know that if I am planning to get pregnant, I should not use testosterone. I know that if I am having vaginal intercourse and at risk for pregnancy, I will use some form of contraception while using testosterone.

\_\_\_\_\_ I know that testosterone can cause headache or worsen migraines.

\_\_\_\_\_ I know that testosterone can cause emotional changes. For example, I could become more irritable, frustrated, or angry. I know that my health care team 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 health care team can help me find advocacy and support resources.

\_\_\_\_\_ I know that I need periodic physical exams and blood tests to check for any side effects.

\_\_\_\_\_ I know that while I continue to have organs that are assigned female that I may need ongoing screening tests and care for my organs such as breasts and cervix.

\_\_\_\_\_ I know that testosterone can interact with other drugs and medicines. These include alcohol, diet supplements, herbs, other hormones, and street drugs. I need to be honest with my health care team about whatever else I take. I also know that I will continue to get appropriate medical care 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 health care team thinks I may have one of them. I understand that I may need to stopping using testosterone if it's determined it is causing me harm.

\_\_\_\_\_ I know that using hormone therapy for gender transition is an off-label use. I know this means it is not approved by the US FDA. I know that the medicine and dose that is recommended for

me is based on the judgment and experience of my health care team, and consistent with the World Professional Association for Transgender Health Standards of Care (WPATH SOC).

\_\_\_\_\_ I know that I can choose to stop using testosterone hormone therapy at any time. I know that if I decide to do that, I should do it with the help of my health care team.

\_\_\_\_\_ I know that testosterone is a Controlled Substance and should not be shared with anyone. It must be kept in a safe location away from children. Needles should also not be shared with anyone or used more than once. Needles need to be disposed of properly.

\_\_\_\_\_ I agree to use testosterone only as prescribed. I know not to take any other hormone therapy medications except for what is being prescribed to me by KP/CPC. I know that if I do use other hormones not prescribed to me by KP/CPC, that my testosterone hormone therapy may be discontinued.

**Based on all this information (check one)**

I want to begin testosterone hormone therapy

I do *not* want to begin testosterone hormone therapy

\_\_\_\_\_  
Patient Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature supporting the decision

\_\_\_\_\_  
Date