

Consent Form - Feminising Hormone Therapy

The informed consent model of care respects your fundamental human right to self-determination and bodily autonomy. The purpose of this document is to indicate, in writing, that you consent to starting or continuing feminising hormone therapy as part of a gender affirmation process. This form may be signed by any person who is able to make an informed decision over the age of 18, or with the co-signatures of all primary legal guardians.

This document relates to the hormones estrogen and progesterone, as well as testosterone blocking medications. Your doctor will make a medical decision, in consultation with you, about the medications that are best for you, keeping in mind your overall health during your gender affirmation process. Your doctor will discuss with you all of the information relating to starting hormone therapy. You are asked to read and understand the following information, and raise any questions you have with your doctor.

A physical genital examination, for the purpose of commencing gender affirming hormones, is not required, unless you request an examination.

I, _____, on the date _____, acknowledge that I have read and understood the following information in consultation with my doctor _____.

Tick the boxes to acknowledge the following:

Changes expected whilst on feminising hormone therapy:

- Permanent changes:**
- Breast and nipple development
 - Decreased testicular size
 - Atrophy (shrinkage) of the penis leading to possible penile pain with erections
- Reversible changes:**
- Softening of skin
 - Decreased muscle mass and increased body fat
 - Decreased libido
 - Reduced spontaneous morning erections
 - Reduced ability to achieve or sustain an erection
 - Reduced ability to ejaculate and reduced volume of ejaculatory fluid
 - Slowed or stopped balding
 - Slowed rate of growth of facial and body hair
 - Improved cholesterol
- I acknowledge the following side effects of feminising hormone therapy:**
- Headaches
 - Nausea
 - Fluid retention and bloating
 - Breast and nipple tenderness
 - Mood disturbance, such as teariness, depression or anxiety
 - Fatigue
- I acknowledge the following potential risks of feminising hormone therapy:**
- Blood clots, deep vein thrombosis or potentially fatal pulmonary embolism
 - Stroke
 - Increased risk of heart disease or heart attack
 - Raised blood pressure
 - Liver damage

- Osteoporosis
- Potentially increased risk of breast cancer
- Development of prolactinoma (a rare brain tumour that results in milk production from the breasts)
- Difficulty controlling blood sugars in people with diabetes
- Meningioma (a rare benign growth in the lining of the brain, seen in some people on high dose cyproterone)

I understand that feminising hormone therapy affects everyone differently, and that there is no way to predict exactly how my body will change. Some of the long term effects of feminising hormone therapy are not yet known.

I acknowledge that continuing to smoke whilst taking estrogen increases my risk of developing a blood clot, deep vein thrombosis or a potentially fatal pulmonary embolism.

I have been advised by my doctor to consider storing sperm in case I decide to have children at a later date, I have been given the opportunity to delay medical gender affirmation until I have stored sperm if I wish to.

I have been informed that the use of feminising hormones does not guarantee infertility, and that contraception should be used to avoid unwanted pregnancy if I have sex with someone who could become pregnant.

I understand that gender affirming hormone therapy means that I will need to see my doctor and have blood tests at regular intervals throughout my life. Appointments will be more frequent at first, and then every 6-12 months when my hormone levels are stable. I am ready to make this commitment to my health.

I acknowledge that gender affirming hormones are only a part of my overall health, and that a range of preventative health activities are recommended so that I remain happy and healthy in my affirmed gender. These include but are not limited to:

- Monthly breast self-examination. I should tell my doctor if I discover any new lumps
- Regular breast mammograms from an appropriate age, in consultation with my doctor
- Quitting smoking
- Immunisations
- Regular STI screening, depending on my level of risk
- HIV prevention, depending on my level of risk
- Regular physical activity, including resistance exercise for bone health
- Healthy eating

I can choose to stop gender affirming hormone therapy at any time. If I choose to stop taking hormones, it is best that I do this in consultation with my doctor, to ensure that I remain safe and healthy.

Patient name: _____

Signature: _____

Date: _____

Parent/guardian name: _____

Signature: _____

Date: _____

Doctor name: _____

Signature: _____

Date: _____