Estrogen/Testosterone-blocker consent

Estrogen and testosterone-blockers are used to reduce testosterone-related features and induce estrogen-related features in order to help you to feel more at ease in your body.

Informed consent is used to make sure you know what to expect from hormone therapy including physical and emotional changes, side effects and potential risks. The full medical effects and safety are not fully known and some potential risks are serious and possibly fatal. These risks must be weighed against the benefits that hormone therapy can have on your health and quality of life. Benefits may include increased comfort in your body, decreased discomfort related to gender, improved mental health and increased success in work, school and relationships. Each person responds differently to hormone therapy and the amount of change varies from person to person.

Estrogen is available in several forms. Most people use pills due to lower cost but transdermal forms may lower the cardiovascular risks associated with estrogen.

Estrogen/testosterone-blockers related changes may include:	Expected onset	Expected maximum effect
* Breast growth	3-6 months	2-3 years
* Smaller genitals (testes)	3-6 months	2-3 years
Decreased fertility	Variable	Variable
Fat redistribution and potentially weight gain or loss	3-6 months	2-5 years
Decreased muscle mass	3-6 months	1-2 years
Mood changes	Variable	Variable
Decreased spontaneous genital arousal (erections)	1-3 months	3-6 months
Changes to sex drive, sexual interests or sexual function	Variable	Variable
Skin changes including softening & decreased oiliness	1-6 months	Unknown
Decreased growth of body & facial hair	6-12 months	3 years
Decreased scalp hair loss (balding)	No regrowth, loss stops 1-3 months	1-2 years

From the World Professional Assocation of Transgender Health's Standards of Care, Version 7

*Change is permanent and will remain even if hormone therapy is stopped

Potential Risks	
Increased risk of blood clots, pulmonary embolism (blood clot in the lung), stroke or heart attack **Gall stones**	Likely increased risk
Changes to cholesterol which may increase risk for pancreatitis, heart attack or stroke **Liver inflammation** **Nausea** **Headaches** **Increased incidence of meningiomas (if using cyproterone)**	Possible increased risk
Diabetes **Heart and circulation problems (cardiovascular disease)** **Changes to kidney function (if using spironolactone)** **Increased potassium which can lead to heart arrhythmias (irregular heart beat) if using spironolactone** **Increased blood pressure** **Breast cancer** **Increased prolactin and possibility of benign pituitary tumours**	Possible increased risk if you have additional risk factors

Risks for some of these conditions may be affected by:

- Pre-existing physical or mental health conditions
- Family history of physical or mental health conditions
- Cigarette smoking or other substance use
- Nutrition, exercise, stress

_____ (name of care provider) has discussed with me the nature and purpose of hormone therapy; the benefits and risks, including the possibilty that hormone therapy may not accomplish the changes I want; the possible or likely consequences of hormone therapy; and other alternative diagnostic or treatment options

1. I have read and understand the above information regarding hormone therapy, and accept the risks involved
2. I have had enough opportunity to discuss my health, goals and treatment options with my care provider, and all of my questions have been answered to my satisfaction
3. I believe I have adequate knowledge on which to base informed consent to receive hormone therapy
4. I authorize and give my informed consent to receive hormone therapy

Patient signature _____ Provider signature _____

Date _____