



CSU HEALTH NETWORK

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CLIENT INFORMATION and INFORMED CONSENT TESTOSTERONE THERAPY

This form explains the use of testosterone for someone who wishes to become more masculine as part of a gender transitioning process. Testosterone treatment will cause both reversible and irreversible changes in your body. Before you start taking testosterone, it is important that you have a good understanding of these effects as well as the risks involved.

If you have any questions or concerns about the information, please take all the time you need to read, research, and talk with your provider about this important aspect of your treatment.

What is testosterone?

Testosterone is the sex hormone that causes the development of male secondary sex characteristics. Testosterone's effects include increased muscle mass, increased facial hair, and typically a deepening of the voice.

How is testosterone administered?

People can take testosterone by injection, patch, compounded cream, pellet, or gel. Some people have reported that when a patch or gel is used they experience less extreme side effects and/or emotional swings. It is not used as a pill because the body cannot properly absorb it and because it can cause liver problems. Cost varies depending on insurance coverage and dosage.

It is important for you to understand that testosterone is not the only way that female-to-male transgender patients choose to be treated. Just as chromosomes and genitals do not define your gender identity, neither do hormones in your body or the surgeries you may have. It is important that you decide what goals you would like to achieve with your treatment and discuss these with your healthcare provider. Gender identity can only be determined by you and how *you feel inside*, not the choices you make about your health care. We want you to move at your pace, not someone else's.

Important Health Considerations

If any of the following conditions pertain to you, please make sure to talk with you health care provider(s) about the condition, possible concerns and/or side effects, implications, and alternatives.

- acne
- a family or personal history of heart disease
- a family or personal history of breast cancer
- a personal history of any hormone receptive positive cancer
- a personal history of a blood clot
- high levels of cholesterol
- a personal history of liver disease
- a personal history of a high red-blood-cell count
- obesity
- tobacco use

Periodic blood tests to check on the effects of testosterone will be needed. Routine chest exams and pelvic exams with Pap tests should be continued, when applicable.



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Please initial and date each statement on this form to show that you understand the benefits, risks, and changes that may occur from taking testosterone.

Transmasculine Identity and Health Needs

Client _____ Provider _____ Date _____

I identify as having a male/masculine and/or a gender expansive identity and therefore wish to be treated with testosterone.

Client _____ Provider _____ Date _____

I understand that the long term effects of testosterone are not fully understood. There may be important health risks or benefits not listed that medical science does not know.

Masculinizing Effects

Client _____ Provider _____ Date _____

I have been informed that the masculinizing effects of testosterone may take several months to become noticeable, and up to five or more years to be complete. Some of these changes will be permanent, including:

- increased hair growth on my face, arms, legs, chest, back, and abdomen
- hair loss, especially at my temples and crown of my head, and possibility of complete baldness
- deepened voice
- enlargement of the clitoris

These additional changes will not be permanent if I stop testosterone:

- increased libido and changes in sexual behavior similar to those experienced at puberty
- increased muscle mass
- decreased fat in my breasts, buttocks and thighs
- increased fat in my abdomen
- increased sweat and changes in body odor
- Increased appetite, weight gain, and fluid retention.
- prominence of veins and coarser skin
- acne of the face, back, and chest, especially in the first few years of treatment, which, if severe, may cause permanent scarring
- stopping of menstruation
- vaginal dryness and itching that may occasionally cause pain with vaginal penetration

Client _____ Provider _____ Date _____

I know that some aspects of my body will not be changed:



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- 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.”

Client _____ Provider _____ Date _____

I know that there are other treatments that may be helpful to make my breasts smaller or my speech more masculine. If I have concerns, I know my provider can give me referrals to help me explore treatment options.

Client _____ Provider _____ Date _____

My height or foot size can change based on whether my ligaments shift in size.

Sexual and Reproductive Health

Client _____ Provider _____ Date _____

I understand that being transgender does not necessarily prevent future reproduction and/or parenting, but that it is not known exactly what the effects of testosterone are on fertility. I understand that pursuing hormonal therapy may make it more difficult or even impossible for me to have genetic offspring in the future. I have discussed my desires and choices with my provider and feel comfortable that I have made an informed decision about my future reproductive status.

Client _____ Provider _____ Date _____

I understand that testosterone can cause major birth defects if I become pregnant while taking it, and that my ability to become pregnant, while lower while taking testosterone, will not cease. I understand it is imperative that I use a barrier or other birth control method if I am having sex where semen could enter my vagina. Testosterone therapy is not adequate birth control.

Client _____ Provider _____ Date _____

I understand the effects of testosterone will not protect me from sexually transmitted diseases or from HIV.

Client _____ Provider _____ Date _____

I understand that testosterone use is medically contraindicated for anyone who has had any hormone receptive positive cancer.

Client _____ Provider _____ Date _____

I understand that taking testosterone does not make me immune to, cancer of the breasts, ovaries, and uterus. Current research suggests that testosterone does not increase the risk of these cancers, but monitoring for them is important. I understand that even if I have had my uterus and one or



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both ovaries removed (hysterectomy and oophorectomy), I must still continue periodic gynecological exams and screenings either with my provider or another provider of gynecological care who is aware of my transgender status.

Client _____ Provider _____ Date _____

I understand that the effects of testosterone will not protect me from cervical cancer or breast cancer. It is important to continue to be alert to the health care needs of my body. My provider may also recommend periodic pap smears and/or mammograms.

General Health Risks Related to Testosterone Use

Client _____ Provider _____ Date _____

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

Client _____ Provider _____ Date _____

I have been informed that if I take testosterone, my good cholesterol (HDL) may go down and my bad cholesterol (LDL) may go up. This may increase my risk of heart attack and/or stroke in the future. The rate of risk for those taking testosterone are thought to be similar to the risks found in cis men. I agree to be monitored for cholesterol problems before starting testosterone and periodically during therapy.

Client _____ Provider _____ Date _____

I understand that testosterone may increase the risk of, or worsen, certain diseases (i.e., type 2 diabetes, high blood pressure, heart disease, migraine headaches, sleep apnea, and epilepsy). If you think you have or are developing these diseases, it is important to tell your healthcare provider. They can be treated and generally do not require you to stop taking testosterone.

Client _____ Provider _____ Date _____

I have been informed that testosterone increases red blood cell counts which rarely, if severe and untreated, can increase my risk of strokes, heart disease, and blood clots.

Client _____ Provider _____ Date _____

I have been informed that testosterone puts a stress on the liver that may lead to inflammation. The risk is greatly decreased by taking non oral forms of testosterone. I agree to be monitored for liver problems before starting testosterone and periodically during therapy.

Client _____ Provider _____ Date _____

I have been informed that testosterone may decrease my risk of developing osteoporosis (thinning and weakening of the bones). Osteoporosis may,



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however, develop, or worsen after oophorectomy, or if I stop taking testosterone.

Emotional Wellness and Health

Client _____ Provider _____ Date _____

I understand that there are emotional changes that may occur as a result of testosterone therapy. Additionally, if I develop mood changes, increased depression, anxiety, or suicidal feelings, I agree to tell my healthcare provider so that clinic staff can assist me in finding resources to explore these changes and adjust my dose if appropriate if they are a problem.

Client _____ Provider _____ Date _____

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 healthcare provider(s) can help me find advocacy and support resources.

General Acknowledgments and Responsibilities

Client _____ Provider _____ Date _____

I understand that once injected, if I have any adverse reactions to testosterone I must wait for them to wear off.

Client _____ Provider _____ Date _____

I understand that everyone's body is different and that there is no way to predict what my response to hormones will be. I understand that the right dosage for me may not be the same as for someone else.

Client _____ Provider _____ Date _____

I know testosterone can interact with other drugs and medicines. These include alcohol, diet supplements, herbs, other hormones, and street drugs. This kind of interaction can cause complications. I know that I need to prevent complications because they can be life threatening. That's why I need to be honest with my healthcare provider(s) about whatever else I take. I also know that I can continue to get medical care here no matter what I share about what I take.

Client _____ Provider _____ Date _____

I understand that testosterone treatment may make it necessary to have more, and different, healthcare screening tests than other people my age. I will have physical examinations and blood tests periodically to make sure my body is healthy while on testosterone. I understand this is required to continue receiving testosterone therapy through this clinic.

Client _____ Provider _____ Date _____



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I understand that an open and honest relationship with my healthcare provider is essential to keeping me healthy and safe. I agree that I will share with my provider any physical problems or side effects that I may develop especially if I think they are caused by testosterone. I understand and expect that I will never be penalized for my honesty about my body.

Client **Provider** **Date**

I agree to take hormones as prescribed and to inform my provider of any problems or dissatisfaction I may have with the treatment. I have been informed that if I take too much testosterone, my body may convert it into estrogen. This may slow or stop the desired effects of the hormone.

Client **Provider** **Date**

I understand that testosterone is a DEA controlled substance (like narcotic pain medicines and some sedatives), and that it is illegal to share this medicine with other people. I also understand that sharing needles with anyone can place me at risk for blood borne diseases like HIV/AIDS and hepatitis.

Client **Provider** **Date**

I understand that I can stop taking testosterone at any time. I also understand that my provider can discontinue treatment for clinical reasons.

My signature below confirms that

- My doctor has talked with me about:
 - the benefits and risks of taking testosterone
 - the possible or likely consequences of hormone therapy
 - alternative treatment options
- I understand the risks that may be involved.
- I know that the information in this form includes the known effects and risks. I also know that there may be unknown long-term effects or risks.
- I have had enough opportunity to discuss treatment options with my healthcare provider(s).
- All of my questions have been answered to my satisfaction.
- I believe I know enough to give informed consent to take, refuse, or postpone testosterone therapy.
- I am 18 years old or older.

Based on all this information:

- I want to begin taking testosterone.
- I do not want to take testosterone at this time.

Client Printed Name

Date

Client Signature



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Provider Printed Name

Date

Provider Signature

Your health is important to us. If you have any questions or concerns, please call the CSU Health Network at (970) 491-7121 or the Women's and Gender Care Clinic at (970) 491-1754 to set up an appointment.

We look forward to talking with you and assisting you on your journey.



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CARE FOR BODY AND MIND



TESTOSTERONE THERAPY INFORMATION

Testosterone is one of the ways transmasculine clients choose to address gender identity and expression. Just as chromosomes and genitals do not define your gender identity, neither do hormones in your body or surgeries you choose to have. Consider and decide for yourself what goals you would like to achieve in your treatment and discuss these with your healthcare provider(s). Gender identity can only be determined by you and how *you feel inside*, not the choices you make about your medical care. We want you to move at your body’s pace not someone else’s. We hope this information sheet will provide you with some additional information and resources.

What is testosterone?

Testosterone is the sex hormone that makes certain physical features appear that are typically male. Testosterone’s effects include increased muscle mass, increased facial hair, and typically deepening of the voice.

How is testosterone administered?

People can take testosterone by injection, patch or gel. Some people have reported that when a patch or gel is used they experience less extreme side effects and/or emotional swings. It is not used as a pill because the body cannot properly absorb it and because it can cause liver problems. Cost varies depending on insurance coverage and dosage.

BENEFITS	RISKS
<ul style="list-style-type: none"> • appearing more like a man <ul style="list-style-type: none"> • bigger clitoris* • coarser skin • lower voice * • more body hair* • more facial hair* • more muscle mass • more strength • no more menstrual periods • more physical energy • increased sex drive • protection against bone thinning (osteoporosis) 	<ul style="list-style-type: none"> • acne (may increase and/or permanently scar) • blood clots (thrombophlebitis) • emotional changes — e.g., feeling more aggressive • headache • high blood pressure (hypertension) • increased red-blood-cell count • infertility • inflamed liver • interaction with drugs for diabetes and blood thinning — e.g., Coumadin and Warfarin • possible partial or complete baldness (can be permanent) • more abdominal fat — redistributed to a male shape*
8	<p>This form has been borrowed and/or adapted from Lyon Martin Health Services (www.lyon-martin.org). ©2012.</p>



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*These are permanent changes.

- increased risk of heart disease
- swelling of hands, feet, and legs
- weight gain

WEB AND PRINT RESOURCES FOR TRANSMASCULINE CLIENTS

UCSF Center of Excellence for Transgender Health: <http://transcare.ucsf.edu>. The mission of the Center of Excellence for Transgender Health is to increase access to comprehensive, effective, and affirming health care services for trans and gender-variant communities.

Pride Resource Center @ Colorado State: www.prideresourcecenter.colostate.edu. The GLBT Resource Center seeks to foster a campus free of prejudice, bigotry, harassment, and violence by providing a space for all members of CSU communities to explore and increase their understanding of aspects related to sexual orientation, gender identity and expression in an open and non-judgmental environment.

Hudson's FTM Guide: <http://www.ftmguide.org/>. Provides information on topics of interest to female-to-male (FTM, F2M) trans men, and their friends and loved ones. Non-trans men have also found the pages on men's grooming and clothing to be helpful.

I Am Trans: <http://www.transpeoplespeak.org/>. I AM: Trans People Speak is a project to raise awareness about the diversity that exists within transgender communities. It gives a voice to transgender individuals, as well as their families, friends, and allies.

National Center for Transgender Equality: <http://transequality.org/>. The National Center for Transgender Equality is a national social justice organization devoted to ending discrimination and violence against transgender people through education and advocacy on national issues of importance to transgender people.

World Professional Association for Transgender Health: <http://wpath.org/>. The World Professional Association for Transgender Health (WPATH), formerly known as the (Harry Benjamin International Gender Dysphoria Association, HBGDA), is a professional organization devoted to the understanding and treatment of gender identity disorders. As an international multidisciplinary professional association the mission of WPATH is to promote evidence based care, education, research, advocacy, public policy and respect in transgender health.

The Lives of Transgender People by Genny Beemyn and Susan Rankin (2012): ... Genny Beemyn and Susan (Sue) Rankin apply their extensive expertise to a groundbreaking survey—one of the largest ever conducted in the U.S.—on gender development and identity-making among transsexual women, transsexual men, crossdressers, and genderqueer individuals. With nearly 3,500 participants, the survey is remarkably diverse, and with more than 400 follow-up interviews, the data offers limitless opportunities for research and interpretation. Beemyn and Rankin track the formation of gender identity across individuals and groups, beginning in childhood and marking the "touchstones" that led participants to identify as transgender. They explore when and how participants noted a feeling of difference ..., the issues that caused them to feel uncertain ..., the factors that encouraged them to embrace a transgender identity...

Transgender History by Susan Stryker (2008): ... *Transgender History* takes a chronological approach to the subject of transgender history, ... covering major movements, writings, and events. Chapters cover the transsexual and transvestite communities in the years following World War II; trans radicalism and social change, which spanned from 1966 with the publication of *The Transsexual Phenomenon*, ...through the early 1970s; the mid-'70s to 1990—... identity politics and the changes witnessed in trans circles ...; and the gender issues witnessed through the '90s and '00s.



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Gender Outlaws: The Next Generation by [Kate Bornstein](#) & [S. Bear Bergman](#) (2010): In *Gender Outlaws*, Bornstein ... and Bergman, collect and contextualize the work of this generation's trans and genderqueer forward thinkers — new voices from the stage, on the streets, in the workplace, in the bedroom, and on the pages and websites of the world's most respected mainstream news sources. *Gender Outlaws* includes essays, commentary, comic art, and conversations from a diverse group of trans-spectrum people who live and believe in barrier-breaking lives.