Testosterone Therapy Informed Consent

The informed consent model of care was created to respect your fundamental human right to self-determination and bodily autonomy. The purpose of this document is to indicate, in writing, that you consent to masculinizing hormone therapy as part of the gender affirmation process. This form must be signed by a person of sound mind over the age of 18, or over the age of 16 with the co-signatures of all primary legal guardians. Please read the following information and discuss any questions or concerns with your provider.

This document relates to the hormone testosterone. Your healthcare provider will discuss with you the information relating to hormone therapy. Masculinizing hormone therapy affects every person differently, and there is no way to predict how each body will change. Some of the effects of masculinizing therapy are not known.

Please initial to acknowledge:

____ Permanent changes expected while on testosterone therapy:

- Increased facial and body hair that is thicker and coarser
- Deepened voice
- Enlargement of erectile genital tissue (clitoris)
- Possible male-pattern balding
- Possible permanent infertility

____ Reversible changes expected while on testosterone therapy:

- Increased energy and libido
- Body fat redistribution and possible weight gain
- Coarser and more oily skin
- Acne of face, chest and back
- Stopping of menstrual periods
- Vaginal dryness, atrophy, and pain with penetrative vaginal sex
- Raised cholesterol
- Increased blood pressure
- Mood changes
- Increased muscle mass
- Increased sweating and changes in body odor

____ I acknowledge the following potential side effects and risks of masculinizing hormone therapy:

- Increase in number of red blood cells (polycythemia)
- Increased risk of cardiovascular disease
- Increased risk of diabetes
- New or worsened obstructive sleep apnea
- Liver damage

____ I understand that masculinizing hormones can cause permanent loss of fertility and have discussed and considered egg retrieval and storage prior to starting hormone therapy.
I understand that masculinizing hormones do not guarantee infertility and that contraception should be used when having sex that puts me at risk of pregnancy. I have been advised that getting pregnant while taking testosterone can cause harm or even death to the fetus.

I understand that it is my responsibility to take active steps to protect myself against STIs, including regular testing, taking preventative medications such as PrEP if at risk for HIV, and using protection such as internal or external condoms or other barrier methods.

I understand that taking too much testosterone will increase the risks of treatment. High levels of testosterone can be converted back to estrogen in the body and can cause reverse effects. My provider may decrease the dose of testosterone or stop prescribing testosterone because of medical reasons or safety concerns.

I agree to the recommended appointments with my provider that may include blood testing at regular intervals. I agree to inform my provider of other medications, supplements or recreational drugs I am using so interactions can be assessed. I also agree to continue with my regular preventative health activities that may include:

- Gynecological exam and cervical cancer screening tests as recommended by my provider
- Regular breast cancer screenings as recommended, even if I have had a mastectomy
- Regular STI testing as recommended by my provider based on my risk
- Avoiding or quitting all nicotine products
- Recommended immunizations, including HPV vaccination

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 provider.

I understand that hormone therapy should not be used in patients’ that have a history of hormone-receptor positive cancers.

I understand that testosterone is a controlled substance, and it is illegal to share, sell or distribute.

I acknowledge that I have read and understood all the above information in consultation with my healthcare provider, and I have had the opportunity to ask questions and am comfortable with the answers that I received.

Patient Name (Print Legibly)  Signature  Date

Provider name: ___________________ Signature: ___________________ Date: ____________

Guardian name: ___________________ Signature: ___________________ Date: ____________
Patient Information Sheet: Changes on Masculinizing Therapy

<table>
<thead>
<tr>
<th>Average timeline after starting testosterone</th>
<th>Effect of testosterone</th>
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| 1-3 months                                  | • Decreased estrogen in the body  
• Increased libido  
• Vaginal dryness  
• Increased acne  
• Increased muscle mass in upper body  
• Redistribution of body fat to waist, less in hips, breasts and thighs  
• Growth of clitoris-typically 1-3 cm*  
• Increased growth, coarseness and thickness of body hair* |
| 1-6 months                                  | • Menstrual periods may stop  
• Deepening voice-voice starts to crack and drop within the first 3-6 months, but can take a year to finish changing* |
| 1 year +                                    | • Gradual facial hair growth (1-4 years)*  
• Possible male pattern balding* |

Permanent changes marked with *

Other masculinizing therapies:
Hormone therapy is not the only way for a person to feel and appear more masculine and/or live as a male. Your provider can discuss additional gender affirming options with you. These include, but are not limited to:

- Voice therapy  
- Masculinizing garments/devices  
- Surgical options

Resources for more information (links can also be found on the CSU Health Network website):

Clinical resources:

- World Professional Association for Transgender Health (WPATH) [www.wpath.org](http://www.wpath.org)  
- University of California San Francisco Center of Excellence for Transgender Health [prevention.ucsf.edu/transhealth](http://prevention.ucsf.edu/transhealth)  
- The Fenway Institute [fenwayhealth.org/the-fenway-institute](http://fenwayhealth.org/the-fenway-institute)

Undergoing gender affirming transition can be challenging socially and emotionally. Some people have experienced discrimination, harassment, and violence. Others have lost the support of loved ones. Please talk with your provider if you are experiencing difficulties so they can connect you to additional resources. Supportive resources on campus include:

- Pride Resource Center [pideresourcecenter.colostate.edu](http://pideresourcecenter.colostate.edu)  
- Women and Gender Advocacy Center [wgac.colostate.edu](http://wgac.colostate.edu)  
- CSU Health Network Counseling and Group therapy [health.colostate.edu/about-counseling-services](http://health.colostate.edu/about-counseling-services)