



Feminizing 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 feminizing 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 hormones estrogen and progesterone, as well as testosterone-blocking medications. Your healthcare provider will discuss with you the information relating to hormone therapy. Feminizing hormone therapy affects every person differently, and there is no way to predict how each body will change. Some of the effects of feminizing therapy are not known.

Please initial to acknowledge:

_____ Permanent changes expected while on feminizing hormone therapy:

- Breast and nipple development (size is variable)
- Decreased size of testicles, up to 50% reduction
- Possible permanent infertility

_____ Reversible changes expected while on feminizing hormone therapy:

- Softer skin
- Decreased acne
- Slowed rate of facial and body hair growth
- Slowed or stopped balding
- Body fat redistribution and possible weight gain
- Reduced ability to achieve or sustain an erection
- Reduced ability to ejaculate and reduced volume of ejaculatory fluid
- Tender breasts and nipples
- Improved cholesterol
- Decreased libido and fatigue
- Mood changes

_____ I acknowledge the following potential side effects and risks of feminizing hormone therapy:

- Headaches
- Nausea
- Blood pressure changes
- Increased urination and increased thirst
- Increased potassium in the blood, which could lead to muscle weakness or heart problems
- Blood clots and risk of stroke or pulmonary embolism
- Increased risk of cardiovascular disease
- Increased risk of diabetes



- Liver damage and gall bladder disease
- Electrolyte imbalances and kidney damage
- Osteoporosis
- Possible increase in the hormone prolactin, which may cause nipple discharge and rarely a tumor on the pituitary gland
- Increased risk of breast cancer

____ I acknowledge the following will not likely change due to feminizing hormone therapy:

- Bone structure
- Adam's apple
- Tone and pitch of voice
- Facial and hair growth will slow but not stop completely

____ I understand that feminizing hormones can cause permanent loss of fertility and have considered sperm banking prior to starting hormone therapy.

____ I understand that feminizing hormones do not guarantee infertility and that contraception should be used when having sex that puts my partner at risk of pregnancy.

____ 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 high risk for HIV, and using protection such as internal or external condoms or other barrier methods.

____ I understand that taking too much estrogen and progesterone will increase the risks of treatment. My provider may decrease the doses of hormones or stop prescribing them because of medical reasons or safety concerns.

____ I understand that use of nicotine products while taking estrogen increases my risk of blood clots, strokes, and pulmonary embolism. I agree to quit or avoid using nicotine products.

____ I understand that I may need to stop taking hormones prior to any surgeries to reduce risk of blood clots.

____ 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:

- Regular breast cancer screenings as recommended by my provider
- Regular STI testing as recommended by my provider based on my risk
- Recommended immunizations, including HPV vaccination
- Prostate and testicular cancer screenings as recommended by my provider

____ I understand that feminizing hormone therapy should not be used in anyone with a history of hormone-receptor positive cancer.



____ 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 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: Expected Changes with Feminizing Therapy

Average timeline after starting feminizing hormone therapy	Effects of feminizing hormones therapy
1-3 months	<ul style="list-style-type: none"> • Decreased estrogen in the body • Decreased libido • Softening of skin • Decreased acne • Decreased muscle mass • Decrease in ability to achieve and sustain erections, including spontaneous morning erections • Decrease in ejaculatory fluid and sperm count
Gradual changes over 1-2 years	<ul style="list-style-type: none"> • Slowed growth of facial and body hair • Slowed or stopped balding • Redistribution of body fat to hips, breasts and thighs and possible weight gain • Decrease in size of testicles, up to 50%* • Nipple and breast development, although size varies*

Permanent changes marked with *

Other feminizing therapies:

Hormone therapy is not the only way for a person to feel and appear more feminine and/or live as a female. Breast growth especially can be variable and may take several years to achieve full size. Your provider can discuss additional gender affirming options with you. These include, but are not limited to:

- Voice therapy
- Feminizing garments/devices
- Surgical options
- Laser hair removal/electrolysis

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
- University of California San Francisco Center of Excellence for Transgender Health prevention.ucsf.edu/transhealth
- The Fenway Institute 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 prideresourcecenter.colostate.edu
- Women and Gender Advocacy Center wgac.colostate.edu
- CSU Health Network Counseling and Group therapy health.colostate.edu/about-counseling-services