

Patient Information and Informed Consent for Minors and Parents/Guardians

Feminizing Treatment for Patients with Gender Dysphoria

Before using medications to transition and feminize your body, you and your parents need to be aware of the possible advantages, disadvantages, and risks of this medication. We have listed them here for you. It is important that you understand all this information before you begin taking these medicines and for parents to consent to feminizing treatment for your adolescent.

Please read the following with your parent or guardian. Once your questions or concerns are addressed, and you have decided to proceed with estrogen treatment, both you and your parents will need to sign this information and consent form. If there is more than one parent/legal guardian, both will have to sign.

We are happy to answer any questions you have.

What are the different medications that can feminize my appearance?

Part of transition for many transgender people involves taking hormones. For hormone treatment to be most effective, transgender girls and women take estrogens (female hormones), as well as medicines to block their body from producing or utilizing testosterone (male hormones.)

Different forms of the hormone estrogen are used to feminize appearance in transgender females. Estrogen can be taken as a pill once or twice daily, given as an injection every week, or as a patch that is changed every three or four days.

Medications that block the production or effects of testosterone are called androgen blockers. Androgen is another term for male sex hormones. Spironolactone is the androgen blocker that is most commonly used in the United States. Other medicines such as bicalutamide or finasteride are sometimes used as well.

Every medication has risks, benefits, and side effects that are important to understand before starting. The effects and side effects of medicines used for transition need to be monitored with laboratory studies and regular visits to your provider to make sure that there are no negative effects.

Both the medicines and the process of transitioning can affect your mood. While transwomen are usually relieved and happy with the changes that occur, we encourage you to see a gender-qualified therapist while undergoing transition. The therapist can work with you, your family and friends and your school staff.

Who should not take estrogen?

Estrogen can cause blood clots. We must be careful that you are not at risk to develop a blood clot.

Estrogen should not be used by anyone who has a history of:

- An estrogen-dependent cancer
- A disorder that makes them more likely to get blood clots that could travel to the lungs (unless they are also taking blood thinners and are followed by a specialist)

Estrogen should be used with caution and only after a full discussion of risks by anyone who:

- Has a strong family history of breast cancer or other cancers that grow quicker when estrogens are present
- Has uncontrolled diabetes
- Has heart disease
- Has chronic hepatitis or other liver disease
- Has uncontrolled high cholesterol
- Has migraines or seizures
- Is obese
- Smokes cigarettes

Summary of Feminizing treatment Benefits and Risks:

BENEFITS

Appearing more feminine
Softer skin
Development of breasts
Thinner body hair
Thinner facial hair
Decreased muscle mass
Calmer mood

RISKS

Acne
Blood clots, risk increased by smoking
Breast cancer, risk similar to other women
Emotional changes
Headache
High blood pressure
High potassium levels
Infertility
Increased urination
Liver inflammation
Weight gain

Feminizing Effects

____ ____ ____ I understand that estrogen, anti-androgens, or both are being prescribed to make me appear less like a man and more like a woman. I understand that everyone is different and the changes and risks that are listed within this consent are variable, and no one can predict how fast – or how much – change will happen.

____ ____ ____ I understand that the feminizing effects of estrogen may take several months to years to become noticeable and up to five years to be complete. Some of these changes will be **permanent**, including:

- Breast development
- Infertility

____ ____ ____ I understand that the following changes will **not be permanent** if I stop estrogen:

- Thinner body and facial hair, although it will not stop growing completely
- More fat distribution around buttocks, hips, and thighs
- Decreased muscle strength
- Softer skin

If I have a predisposition to male pattern baldness, this may be decreased or start later

____ ____ ____ I understand that my body will make less testosterone. This may affect my sex life in different ways and my future ability to cause a pregnancy:

My sperm may take longer to mature and make me less able to cause a pregnancy, even if I discontinue hormone therapy

It is also possible that my sperm could still mature even while I am taking hormones, so that I might get someone pregnant if we have vaginal intercourse and don't use birth control

The options for sperm banking have been explained to me

My testicles may shrink down to half their size. Even so, I know that they are part of my body and I need to take care of them including regular checkups with my PCP

My sex drive may be decreased, and I may have fewer spontaneous erections

____ ____ ____ I understand that some parts of my body will NOT change, such as my "Adam's apple" will not shrink, and my voice will not rise in pitch if it has already dropped. There are voice training exercises and other treatments that may be helpful.

____ ____ ____ I understand that there may be mood changes associated with these medicines, and agree to continue therapy with a qualified therapist if needed.

Risks of Estrogen

____ ____ ____ I understand that taking estrogen increases the risk of blood clots or problems with blood vessels that can result in:

- Chronic problems with veins in the legs

- Heart attack

- Pulmonary embolism (a blood clot in the lungs) which may cause permanent lung damage or death

- Stroke, which may cause permanent brain damage or death

___ ___ ___ I understand that the risk of blood clots is much worse if I smoke cigarettes. The danger is so high that I agree to stop smoking completely if I start taking estrogen.

___ ___ ___ I understand the effects of estrogen will not protect me for sexually transmitted diseases or HIV and that a barrier method should be used. I understand that I should speak frankly with my primary care provider about my sex life to best protect me from infections.

___ ___ ___ I understand that it is possible for me to get someone pregnant while taking estrogen and methods of birth control have been discussed.

___ ___ ___ I understand that estrogen can increase my risk for diabetes, high blood pressure, and heart disease. Having pre-existing conditions or a family history of these may further increase my risk.

___ ___ ___ I understand that estrogen can damage the liver and possibly contribute to liver disease, and that I should have my liver checked periodically as long as I take estrogen.

___ ___ ___ I understand that estrogen can cause migraines or make them worse if I already have them. I know I should talk with my clinician if I have headaches or migraines often or if the pain is unusually severe.

___ ___ ___ I understand that it is not yet known if taking estrogen increases the risk of prolactinomas. These are non-cancerous tumors of the pituitary gland. They are not usually life threatening, but they can damage vision and cause headaches if they are not treated properly. If I have changes in vision, headaches that are worse when I wake up in the morning, and milky discharge from my nipples, these can be signs of a prolactinoma, and I should talk to my health care provider.

___ ___ ___ I understand that estrogen can increase my risk of breast cancer, possibly to about the same level as people assigned female at birth, and that my breasts should be monitored with regular age-based screening, the same as for any other woman.

___ ___ ___ I understand that estrogen 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 clinician can help me find advocacy and support resources.

Risks of Androgen Antagonists (Spironolactone or Bicalutamide)

___ ___ ___ I understand that Spironolactone affects the balance of water and salts in the kidneys. This may:

- Increase the amount of urine I produce, making it necessary to urinate more frequently

- Increase thirst

- Increase my risk of dehydration (not having enough water), and I should make sure to drink plenty of water in hot weather

- Reduce blood pressure

Rarely, Spironolactone can cause high levels of potassium in the blood, which can cause changes in heart rhythms that may be life threatening. My doctor will perform blood tests to monitor this risk while I am on the medication

____ ____ ____ I understand that Bicalutamide (rarely) can cause liver enzyme elevation and liver inflammation. I will let my doctor know if I develop abdominal pain or leg swelling. Additional side effects may include hot flashes, GI upset, and dizziness.

Prevention of Medical Complications

____ ____ ____ I agree to take estrogen and all other transition related medications as prescribed and to inform my provider of any problems or dissatisfactions I may have in meeting my transition goals.

____ ____ ____ I understand that my dose of estrogen may vary and that my dose of estrogen may be different from that another individual, and I know not to take more estrogen than prescribed. Taking too much estrogen can increase my health risks and won't make changes happen more quickly. My clinician will monitor and inform me of needed changes to my dose should this occur.

____ ____ ____ I understand that the medications are for my use only and I will not supply these medications to others or purchase estrogen or other hormones without my clinician's knowledge.

____ ____ ____ I agree to tell my medical provider about any hormones, dietary supplements, herbs, recreational drugs or medications I might be taking. I also understand that any of the above items may be detrimental to my health and could be interact negatively with estrogen or anti-androgens. I have been informed that clinic staff will continue to provide me with medical care, regardless of what information I share with them.

____ ____ ____ I understand that I should stop taking estrogen two weeks before any surgery or when I may be immobile for a long time (for example, if I break my leg and am in a cast.) This will lower the risk of getting blood clots. I can start taking it again a week after I'm back to normal or when my clinician says it is okay.

____ ____ ____ I understand that I can choose to stop taking estrogen at any time. I also understand that my provider can discontinue treatment for clinical reasons.

____ ____ ____ I understand that taking hormones for medical transition requires regular medical visits and routine lab work. These intervals have been explained to me. Should I be unable to attend these visits hormones may be discontinued or refills delayed.

____ ____ ____ I understand that my insurance company may not cover the costs of this treatment. If so, I accept responsibility for any charges associated with this treatment.

Alternatives

There are alternatives to using estrogen to help people appear more feminine. Some transgender people choose not to take hormones or have surgery and may only socially transition. If you are interested in alternatives, talk with your health care provider about your options.

Our signatures below confirm that:

My clinician has talked with me and my parents or guardians about:

- The benefits and risks of taking feminizing medications
- The possible or likely consequences of hormone therapy
- Potential alternative treatments

I understand the risks that may be involved

I know that the information in this form includes the known risks and effects. I also know that there may be unknown long-term effects or risks.

I have had enough opportunity to discuss treatment options with my clinician

All my questions have been answered to my satisfaction

I believe I know enough to give informed consent to take, refuse, or postpone feminizing therapy

Based on all this information:

____ I want to begin taking estrogen or consent to my child taking estrogen

Patient Signature

Patient Print

Date

Parent/Guardian Signature

Parent/Guardian Print

Date

Parent/Guardian Signature

Parent/Guardian Print

Date