

Patient Information and Informed Consent for Minors and Parents/Guardians

Masculinizing Treatment for Patients with Gender Dysphoria

Before using testosterone to transition and masculinize your body, you and your parents need to be aware 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 testosterone and for parents to consent to testosterone 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 the testosterone 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 medication is used to masculinize my appearance?

Part of transition for many transgender people involves taking hormones. For transgender boys and men, this means taking testosterone. This is the sex hormone that makes certain features appear typically male. It builds muscle and causes the development of facial hair and a deeper voice.

Testosterone is usually injected every one or two weeks. It is not taken as a pill because the body cannot absorb it properly. Some people use skin creams and patches, but they tend to be more expensive and are typically used only if injections are not tolerated.

The doses used for injection differ from product to product and from patient to patient. The injections are given in the muscle (intramuscular) or with a smaller needle under the skin (subcutaneous.) You may experience fluctuations in hormone levels, which can be decreased by changing how often the dose is given and how much of a dose is given.

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

Who should not take testosterone?

It should not be used by anyone who is pregnant or has uncontrolled coronary artery disease as it could increase your risk for a fatal heart attack.

It should be used with caution after a full discussion of risks by anyone who:

- Has acne
- Has a family history of heart disease or breast cancer
- Has had a blood clot
- Has high cholesterol levels
- Has liver disease
- Has a high red blood cell count
- Is obese
- Smokes cigarettes

Summary of Testosterone Benefits and Risks:

BENEFITS

- Appearing more masculine
- Coarser skin
- Deeper voice
- Enlargement of clitoris
- Increased sex drive
- More body hair
- More facial hair
- More muscle mass
- More strength
- No more menstrual periods
- More physical energy
- Protection against bone thinning (osteoporosis)

RISKS

- Acne (may permanently scar)
- Blood clots, risk increased by smoking
- Emotional changes
- Headache
- High blood pressure
- Increased red blood cell count
- Increased risk of heart disease
- Infertility
- Inflamed Liver
- Interaction with drugs for diabetes and blood thinning
- Male pattern baldness
- More abdominal fat
- Weight gain

Masculinizing Effects

____ ____ ____ I understand that testosterone is being prescribed to make me appear less like a woman and more like a man. 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 masculinizing effects of testosterone 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:

- Facial hair growth
- Deepening of my voice
- Increased hair growth on my arms, legs, chest, back, and abdomen
- Coarser skin
- Hair loss, especially at my temples and crown of my head and, possible baldness
- Enlargement of my clitoris

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

- Decrease of fat in my breasts, buttocks, and thighs
- Increase of fat in my abdominal region
- Increase in muscle size and strength
- More red blood cells in my blood which will be monitored periodically
- Mood changes
- Increased sex drive
- Increase in appetite
- Acne, which may become severe and may cause permanent scarring if not treated
- Menstrual periods typically stop 3-6 months after starting testosterone

Risks of Testosterone

____ ____ ____ I understand that taking testosterone does not alter my risk for cervical cancer/abnormal PAP smears. My provider has discussed with me the needed screening exams and timeframe for them.

____ ____ ____ I understand the effects of testosterone will not protect me for sexually transmitted diseases or HIV and that a barrier method should be used. Testosterone can thin the tissue of my cervix and vaginal walls, which can lead to tears or abrasions during vaginal sex play with a male or female partner. These tears may increase my risk of getting a sexually transmitted infection including HIV. 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 not known or exactly understood what the effects of testosterone are on fertility. I have been informed that, if I stop taking testosterone, I may or may not be able to become pregnant in the future.

____ ____ ____ I understand that it is possible for me to become pregnant while taking testosterone and additional methods of birth control have been discussed.

___ ___ ___ I understand that testosterone can increase my risk for developing diabetes, high blood pressure and contribute to obesity. Having pre-existing conditions or a family history of these may further increase my risk.

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

___ ___ ___ I understand that testosterone can increase my red blood cells and hemoglobin. This increase is usually only what is normal for a man and should not cause any health risks, however there is a small possibility that this may increase my risk of blood clots. I understand that I will need to have my blood levels monitored periodically for as long as I take testosterone.

___ ___ ___ I know that testosterone can cause emotional changes, including increased irritability, frustration, and anger. I agree to keep my clinician informed so that they can help me find resources to explore and cope with these changes.

___ ___ ___ 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 clinician can help me find advocacy and support resources.

Prevention of Medical Complications

___ ___ ___ I agree to take testosterone 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 dose of testosterone may vary and that my dose of testosterone may be different from that another individual. I know not to take more testosterone than prescribed. Taking too much testosterone can cause my body to convert extra testosterone into estrogen, slowing down masculinization and increasing health risks. 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 testosterone 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 testosterone. 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 can choose to stop taking testosterone 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 testosterone to help people appear more masculine. 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 testosterone

 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 testosterone therapy

Based on all this information:

____ ____ ____ **I want to begin taking testosterone or consent to my child taking testosterone**

Patient Signature

Patient Print

Date

Parent/Guardian Signature

Parent/Guardian Print

Date

Parent/Guardian Signature

Parent/Guardian Print

Date