

## Consent for Feminizing Medications for Transgender & Gender Nonbinary Clients

I, \_\_\_\_\_, have requested hormonal therapy from Dr. Ruth Weinberg and Boulder Valley Women's Health Center for the purpose of beginning to or continuing to change my body's outward appearance from that of a male to that of a female, or maintain changes of my body's appearance that have already been achieved.

Taking these medications to become more feminized is considered off-label use of these medications. There is no treatment approved by the FDA for gender confirmation at this time.

### **Expected effects of feminizing hormone therapy:**

It can take several months or longer for the effects to become noticeable. No one can predict how fast or how much change will happen.

**Breast growth:** if you take estrogen, breast growth will probably occur. It can take months to years for breasts to get to full size. The speed or amount of breast growth depends on your genetics: how much breast tissue you have to be stimulated by estrogen to grow. There is no evidence that higher doses of estrogen speed up or increase the final amount of breast growth. Your breasts may remain even if you stop taking estrogen.

**Body hair changes:** anti-androgen therapy will make your body hair less noticeable and it will grow more slowly. Hair growth won't stop completely and it will return if you stop anti-androgen therapy.

**Skin changes:** your skin will become softer

**Male pattern baldness:** may slow down on anti-androgen therapy, but will probably not stop completely. It is very likely that hair that has been lost will not grow back.

**Body shape changes:** you may get less fat on your abdomen and more on your buttocks, thighs and hips, but these changes are usually very small. You also may lose muscle size and strength in your upper body.

**Sex drive:** Your sex drive will decrease. Spontaneous erections and morning erections will happen less often. It may become difficult to get enough of an erection to be able to have penetrative sex. Your testicles may shrink in size.

**Fertility:** Your testes will stop making mature sperm. This makes it less possible for you to cause a pregnancy, and could cause infertility that is permanent. However, it is still possible that your sperm could cause a pregnancy in a female body, so contraception is recommended if you are having sex with a person with a vagina and uterus. It is recommended to consider sperm banking before starting hormone therapy if you think there is any chance you might want to make a pregnancy in the future.

### **Things that won't change with feminizing hormone therapy:**

Voice

Adam's apple

Facial bone structure

Height

### **Risks of estrogen:**

**Blood clots** in deep veins of the legs, lungs, heart, or brain, which can lead to:

- chronic problems with veins in the legs
- heart attack
- pulmonary embolism (blood clot to the lungs) which can cause permanent lung damage or death
- stroke which can cause permanent brain damage or death

The risk of blood clots is much higher **if you smoke** cigarettes, especially if you are over 40.

**Fat deposits:** estrogen can cause increased deposits of fat around your internal organs. This can increase the risk for diabetes and heart disease.

**High blood pressure**

**Gallstones**

**Nausea**

**Headaches or migraines**

**Breast cancer:** It is not known if taking estrogen increases the risk of breast cancer in transwomen, but taking estrogen does increase the risk of breast cancer in menopausal genetic females. Your breasts should be examined yearly. Report to your clinician if you notice any lumps or nipple discharge.

**Prolactinoma:** it is possible that taking estrogen could increase the risk of developing a noncancerous growth in your pituitary gland. They are not usually life-threatening, but can damage vision and cause headaches.

### **Risks of Anti-Androgen (Spironolactone)**

**Dehydration:** Spironolactone is a diuretic, so it will cause you to make more urine, so you will need urinate more often. You will need to drink more water to stay hydrated and decrease side effects from this medication.

**Kidney damage**

**High potassium levels:** if severe, could cause heart arrhythmia which can be life-threatening.

***My signature below confirms that:***

I agree to notify Dr. Weinberg and Boulder Valley Women's Health Center immediately in the event that I develop chest pain, shortness of breath, abdominal pain, leg swelling, loss of consciousness, or neurological changes such as slurred speech, blurred vision, severe dizziness, inability to feel or move any part of my body.

I understand that I am required to have regular checkups including breast cancer screening and blood work to assist in detecting adverse side effects from the feminizing hormones and antiandrogen therapy.

I understand Dr. Weinberg and Boulder Valley Women's Health Center are not responsible for any adverse reactions or complications that may arise from self-treatment with medications that I obtained from alternative methods such as the internet or overseas pharmacies.

***My signature below also confirms that:***

My clinician has talked with me about:

- the benefits and risks of taking feminizing medication
- 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 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 clinician.

All of my questions have been answered to my satisfaction.

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

I am 18 years old or older.

Based on all this information (initial):

\_\_\_\_\_ I want to begin taking estrogen.

\_\_\_\_\_ I want to begin taking anti-androgen (Spironolactone).

\_\_\_\_\_ I do not wish to begin taking feminizing medication at this time.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prescribing clinician signature

\_\_\_\_\_  
Date