

INFORMED CONSENT FORM ESTROGEN THERAPY FOR GENDER DYSPHORIA

I am receiving treatment for gender dysphoria. The cause of gender dysphoria is not known, but is thought to be partly due to genetic or environmental causes affecting the early development of my brain pathways. I understand that the effect of this on me means that, even though I think of myself partially or completely as female, I am genetically, biologically and physically male. I want to receive treatment that will help me change my body towards that of a female, so that it will match my sense of myself (my gender identity).

With the understanding and consent of my parents/guardians, I may have been taking a medicine called Lupron Depot® to stop me from going through puberty as a male. I may also have been taking an anti-androgen medication called spironolactone to prevent beard growth. Regardless, my treatment also involves “talking therapy” (psychotherapy) to help me think about all the possible results and consequences of going part or all the way through the physical change, called “transition”, from a male towards a female body.

I understand that I may now begin taking the female hormone estrogen, up to a dose that would be normal for females my age. I understand that estrogen will cause my body to become more feminine in appearance, and it will reduce my male hormones. I know that this treatment will not change my genetic sex (chromosomes), and it will not change my external genitals (penis and testicles).

I understand that, although estrogen is a common treatment for adults with gender dysphoria, using this treatment in young adolescents is a newer development, and the long-term effects are not fully known. It has been explained to me that doctors are prescribing estrogen because they believe that I will continue towards full or partial physical transition to a female body, perhaps including eventual surgery to remove or reshape my external male genitals. However, taking estrogen now does not guarantee that I will eventually want, need, or have this surgery. Gender-affirming surgery has to be talked about in detail when I am further along in my transition, and final decisions can only be made after I have been living in the gender role that is congruent with my gender identity for a period of time.

There are also possible long-term considerations and risks of estrogen use in natal males, as follows:

1. The feminizing effects of estrogen can take several months or longer to become noticeable, and that the rate and degree of change can't be completely predicted, and changes may not be complete for 2–5 years after starting estrogen.
2. Taking estrogen will cause breast development:
 - Breasts may take several years to develop to their full size.
 - Even if estrogen is stopped, the breast tissue that has developed will remain.
 - As soon as breasts start growing, it is recommended to start doing monthly breast self-examinations and to have an annual breast exam by a doctor or nurse.
 - There may be milky nipple discharge (galactorrhea). This can be caused by taking estrogen or by an underlying medical condition. It is advised to check with a doctor to determine the cause.
 - It is thought that taking estrogen can increase the risk of breast cancer to that of non-trans women.
3. The following changes are generally not permanent (that is, they will likely reverse if estrogen is discontinued):
 - Skin may become softer.
 - Muscle mass decreases and there may be a decrease in upper body strength.

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- Body hair growth may become less noticeable and grow more slowly, but it not necessarily stop completely, even after years on medication.
 - Male-pattern baldness may slow down, but will probably not stop completely, and hair that has already been lost will likely not grow back.
 - Fat may redistribute to a more feminine pattern (decreased in abdomen, increased on buttocks/hips/thighs—changing from “apple shape” to “pear shape”).
4. Taking estrogen will make the testicles produce less testosterone, which can affect overall sexual function:
- Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping taking estrogen. The options for sperm banking will be reviewed.
 - You will still be able to make someone pregnant, and you need to be aware of birth control options (if applicable). You still need to protect yourself from sexually transmitted infections.
 - Testicles may shrink by 25–50%. Regular testicular examinations are still recommended.
 - The amount of fluid ejaculated may be reduced.
 - There is typically a decrease in morning and spontaneous erections.
 - Erections may not be firm enough for penetrative sex.
 - Libido (sex drive) may decrease.
5. There are some aspects of the body that are not significantly changed by taking estrogen:
- Beard/moustache hair may grow more slowly and be less noticeable, but it will not necessarily go away.
 - Voice pitch will not rise, and speech patterns will not become more feminine.
 - The Adam’s apple will not shrink.
6. Taking estrogen can theoretically damage the liver, possibly leading to liver disease. You should be monitored for possible liver damage as long as you are taking estrogen.
7. Taking estrogen increases the risk of blood clots, which can result in:
- pulmonary embolism (blood clot to the lungs), which may cause permanent lung damage or death
 - stroke (blood clot in the brain), which may cause permanent brain damage or death
 - heart attack
 - chronic leg vein problems
8. The risk of blood clots is much higher when a person smokes cigarettes. The danger is so high that you are advised to stop smoking completely if you start taking estrogen. The doctor can provide you with advice about options to stop smoking.
9. Taking estrogen can increase deposits of fat around the internal organs, which is associated with increased risk for diabetes and heart disease.
10. Taking estrogen can cause increased blood pressure. If you develop high blood pressure, the doctor will work with you to try to control it by diet, lifestyle changes, and/or medication.
11. Taking estrogen increases the risk of gallstones. If you have abdominal pain that is severe or prolonged, it is recommended that you discuss this with your doctor.
12. Taking estrogen can cause nausea and vomiting, similar to morning sickness in pregnant women. If nausea/vomiting are severe or prolonged, it is recommended that you discuss this with your doctor.
13. Taking estrogen can cause headaches or migraines. If you are frequently having headaches or migraines, or the pain is unusually severe, it is recommended that you talk with your doctor.

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14. It is not known if taking estrogen increases the risk of non-cancerous tumors of the pituitary gland (prolactinoma). Although prolactinoma is typically not life-threatening, it can damage vision and cause headaches. This will be monitored for at least three years when you start taking estrogen.
15. You are more likely to have dangerous side-effects from taking estrogen if you smoke, are overweight, are over 40 years old, or have a history of blood clots, high blood pressure, or a family history of breast cancer.
16. Taking estrogen will result in changes that will be noticeable by other people, and some trans people in similar circumstances have experienced harassment, discrimination, and violence, while others have lost support of loved ones. Your team can assist you in finding advocacy and support resources.
17. It is strongly advised not to take more estrogen than prescribed, as this increases health risks. Taking more estrogen than prescribed will not make feminization happen more quickly or increase the degree of change.
18. Since non-trans women go through menopause and stop making estrogen at about age 50, estrogen therapy for gender dysphoria is usually stopped at about the same time
19. The medical effects and safety of estrogen are not fully understood, and there may be long-term risks that are not yet known.

I agree to take estrogen as prescribed and to tell my care provider if I am not happy with the treatment or am experiencing any problems. I understand that the right dose or type of medication prescribed for me may not be the same as for someone else. I understand that physical examinations and blood tests are needed on a regular basis to check for negative side-effects of estrogen. I understand that estrogen can interact with other medications (including other sources of hormones), dietary supplements, herbs, alcohol, and street drugs. I understand that being honest with my care provider about what else I am taking will help prevent medical complications that could be life-threatening. I have been informed that I will continue to get medical care no matter what information I share. I understand that some medical conditions make it dangerous to take estrogen. I agree that if my doctor suspects I may have one of these conditions, I will be checked for it before the decision to start or continue estrogen is made. I understand that I can choose to stop taking estrogen at any time, and that it is advised that I do this with the help of my doctor to make sure there are no negative reactions to stopping. I understand that my doctor may suggest I reduce or stop taking estrogen, or switch to another type of feminizing medication, if there are severe side-effects or health risks that can't be controlled.

My signature below confirms that:

- My doctor has talked with me about the benefits and risks of estrogen, the possible or likely consequences of hormone therapy, and potential alternative treatment options.
- I understand the risks that may be involved.
- I understand that this form covers known effects and risks and that there may be long-term effects or risks that are not yet known.
- I have had sufficient opportunity to discuss treatment options with my doctor. All of my questions have been answered to my satisfaction.
- I believe I have adequate knowledge on which to base informed consent to the provision of estrogen.

