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## INFORMED CONSENT FORM TESTOSTERONE 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 male, I am genetically, biologically and physically female. I want to receive treatment that will help me change my body towards that of a male, 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 female. 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 female towards a male body.

I understand that I may now begin taking the male hormone testosterone, up to a dose that would be normal for males my age. I understand that testosterone will cause my body to become more masculine in appearance, and it will reduce my female hormones. This will probably mean that I will not menstruate (have “periods”), and that I will not be fertile (able to get pregnant) for the duration of treatment. I know that this treatment will not change my genetic sex (chromosomes), and it will not change my internal reproductive organs (ovaries, uterus, and vagina).

I understand that, although testosterone 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 testosterone because they believe that I will continue towards full or partial physical transition to a male body, perhaps including eventual surgery to remove my inner female reproductive organs (ovaries and uterus). There is another kind of surgery to create male genitalia (penis and scrotum), that is also a separate decision. However, taking testosterone now does not guarantee that I will eventually want, need, or have these surgeries. 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 testosterone use in natal females, as follows:

1. The masculinizing effects of testosterone can take several months or longer to become noticeable, the rate and degree of change can't be completely predicted, and changes may not be complete for 2–5 years after starting testosterone.
2. The following changes will likely be permanent, even if testosterone is discontinued:
  - lower voice pitch (i.e., voice becoming deeper)
  - increased growth of hair, with thicker/coarser hairs, on arms, legs, chest, back, and abdomen
  - gradual growth of moustache/beard hair
  - hair loss at the temples and crown of the head, with the possibility of becoming completely bald
  - genital changes may or may not be permanent if testosterone is stopped; these include clitoral growth (typically 1–3 cm) and vaginal dryness
3. The following changes are usually not permanent (that is, they will likely reverse if testosterone is discontinued):
  - acne, which may be severe and can cause permanent scarring if not treated
  - fat may redistribute to a more masculine pattern (decreased on buttocks/hips/thighs, increased in abdomen—changing from “pear shape” to “apple shape”)

### ***Informed Consent Form: Testosterone Therapy for Gender Dysphoria (continued)***

- increased muscle mass and upper body strength
  - increased libido (sex drive)
  - menstrual periods typically stop within 1–6 months of starting testosterone
4. It is not known what the effects of testosterone are on fertility. Even if you stop taking testosterone, you may or may not be able to get pregnant in the future. Even after testosterone stops your menstrual periods, it may still be possible for you to get pregnant, and you must be aware of birth control options (if applicable). You must not take testosterone if you are pregnant. You still need to protect yourself from sexually transmitted infections.
  5. There are some aspects of your body that will not be changed by testosterone:
    - breasts may appear slightly smaller due to fat loss, but will not substantially shrink
    - although voice pitch will likely drop, other aspects of speech will not become more masculine
  6. Taking testosterone can cause changes that increase the risk of heart disease, including:
    - decreasing good cholesterol (HDL) and increasing bad cholesterol (LDL)
    - increasing blood pressure
    - increasing deposits of fat around the internal organs
  7. The risks of heart disease are greater if people in the family have had heart disease, if you are overweight, or if you smoke. The doctor can provide you with advice about options to stop smoking.
  8. Heart health check-ups, including monitoring of weight and cholesterol levels, should be done periodically as long as you are taking testosterone.
  9. Taking testosterone can increase the red blood cells and hemoglobin, and while the increase is usually only to a normal male range (which does not pose health risks), a high increase can cause potentially life-threatening problems, such as stroke and heart attack. Your blood-cell count should be monitored periodically while you are taking testosterone.
  10. Taking testosterone can increase the risk for diabetes by decreasing the body's response to insulin, causing weight gain, and increasing deposits of fat around the internal organs. Your fasting blood glucose should be monitored periodically while you are taking testosterone.
  11. Testosterone can be converted to estrogen by various tissues in my body, and it is not known with certainty whether or not this increases the risks of ovarian, breast, cervical or uterine cancer.
  12. Taking testosterone can lead to the cervix and the walls of the vagina becoming more fragile, and this can lead to tears or abrasions that increase the risk of sexually transmitted infections (including HIV) during vaginal sex—no matter the gender of the partner. Frank discussion with your doctor about your sexual practices can help determine how best to prevent and monitor for sexually transmitted infections. Some patients require the use of vaginal estrogen cream for this problem.
  13. Taking testosterone 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.
  14. Taking testosterone can cause emotional changes, including increased irritability, frustration, and anger. Your doctor can assist you in finding resources to explore and cope with these changes.
  15. Taking testosterone 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.
  16. It is strongly advised not to take more testosterone than prescribed, as this increases health risks. Taking more medication than prescribed will not make masculinization happen more quickly or increase the degree of change. Extra testosterone can be converted to estrogen, which may slow or stop masculinization.

***Informed Consent Form: Testosterone Therapy for Gender Dysphoria (continued)***

17. Since non-trans men make testosterone their whole lives, testosterone therapy for gender dysphoria is generally continued lifelong.
18. The medical effects and safety of testosterone are not fully understood, and there may be long-term risks that are not yet known.

I agree to take testosterone as prescribed and to tell my doctor 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 testosterone. I understand that testosterone can interact with other medications (including other sources of hormones), dietary supplements, herbs, alcohol, and street drugs. I understand that being honest with my doctor 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 testosterone. 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 testosterone is made. I understand that I can choose to stop taking testosterone 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 testosterone 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 testosterone, 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 testosterone therapy.

Based on this, I wish to begin taking testosterone.

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Parent #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

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Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that my parents have given permission for me to begin taking testosterone. I have had this consent form explained to me and agree to the testosterone treatment.

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Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_