Testosterone-based gender-affirming hormonal therapy consent form

The informed consent model of care respects your fundamental human right to self-determination and bodily autonomy. This document relates to testosterone therapy, and its purpose is to indicate, in writing, that you fully understand and consent to testosterone therapy as part of a gender affirmation process. Your provider will discuss with you all of the information relating to starting testosterone therapy. In consultation with you, your provider will make a medical decision about which medications are best for you, keeping in mind your overall health during your gender affirmation process. You are asked to read and understand the following information, and raise any questions you have with your provider.

I, <*Full name*>, in consultation with my provider <*Provider name*>, acknowledge that I have read and understood the following information, and I have been given sufficient opportunity to address all questions:

Tick the boxes to acknowledge you understand the following:

☐ I understand that there are permanent changes that can be expected while taking testosterone. I understand that these changes may be present for the rest of my life, even if I choose to stop testosterone:

- Increased facial and body hair
- Deepened voice
- Enlargement of erectile genital tissue (phallus/ clitoris)
- Hair loss / balding of head in some people

☐ I understand that there are reversible changes that can be expected while taking testosterone:

- Increased libido
- Body fat redistribution
- Increased muscle mass
- Coarser and oilier skin
- Stopping of menstrual periods

☐ I understand there are possible side effects of testosterone. Many of these side effects can be managed. If side effects occur, I can discuss the with my provider:

- Acne
- Vaginal / lower dryness
- Pelvic pain
- Fatigue
- Fluid retention
- Increased blood pressure and cholesterol
- Mood changes: irritability, emotional reactivity, possible worsening of pre-existing
- depression or anxiety

☐ I understand there are following potential risks of testosterone therapy. Research is ongoing to fully understand the extent and likelihood of these risks. My provider will continue to monitor my health and address any issues that develop:

- Polycythaemia: an increased number of red blood cells, resulting in 'thick' blood. Severe polycythaemia increases the risk of heart attack and stroke. Smoking is the biggest risk factor for developing polycythaemia whilst on testosterone.
- Increased risk of stroke
- New or worsened obstructive sleep apnoea

☐ I understand that testosterone therapy affects everybody differently, and there is no way to predict exactly how, or how much, my body will change. I also understand that some characteristics of my body will not change with testosterone.

☐ I understand that testosterone therapy reduces fertility while in use but does not reliably prevent pregnancy, and therefore cannot be used as a form of contraception. I am aware that becoming pregnant while taking testosterone may result in serious birth defects and that, in such cases, termination of pregnancy may be recommended. I have been advised to use effective contraception during any sexual activity that could lead to pregnancy, and my contraceptive options have been discussed with me where appropriate.

☐ I understand that although return to fertility after stopping testosterone is often possible, it is not guaranteed. I have discussed my future fertility with my provider, and have been given the opportunity to delay starting testosterone until after I have stored eggs.

☐ I understand that my sexual practices may evolve during my gender affirmation process, which could affect my risk of acquiring HIV or other sexually transmitted infections. I have been encouraged to discuss sexually transmitted infection prevention strategies with my GP to support my health and wellbeing.

☐ I understand that testosterone therapy means that I will need to see my provider and have blood tests at regular intervals throughout my life. Appointments will be more frequent at first, and then every 6-12 months when my hormone levels are stable. I am ready to make this commitment to my health.

☐ I acknowledge that testosterone therapy is only a part of my overall health, and that a range of preventative health activities are recommended so that I remain happy and healthy in my affirmed gender. These include but are not limited to:

- Cervical screening tests at appropriate intervals, as recommended by my provider
- Regularly checking my chest/breasts for lumps, even if I have had top surgery
- Regular chest/breast mammograms from an appropriate age, in consultation with my provider, if appropriate
- Quitting smoking
- Staying up to date with immunisations
- Regular sexual health screening and HIV prevention, depending on my level of risk
- Regular physical activity, including resistance exercise for bone health
- Healthy eating

☐ I understand that I can choose to stop testosterone therapy at any time. If I choose to stop taking testosterone, it is best that I do this in consultation with my provider, to ensure that I remain safe and healthy.

Name:
Signature:
Date: